3:30

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 131145 PIN# 4711 50 5039 DATE 10-17-05

OWNER OR CONTRACTOR ~~James Gravelenf~~ Patricia Watson PHONE: Business: cell: 336-575-1143 Home ~~980-253-4014~~

ADDRESS ~~143 Island Terrace Rd~~ PO Box 661, Troutman, NC 28166

LOCATION Buffalo Sheds to (L) on Laurel Cove (L) on Island Terrace - property on left

SUBDIVISION River Hill Estates BLOCK / SECTION ____ LOT 16 LOT AREA .6 Acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 9-31-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 360
No Lines 4 Trench Width 3 Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% Reduction Gravity
Repair System Description: 25% Reduction Pump
Maintenance Agreement Required: ☐ Yes ☒ No

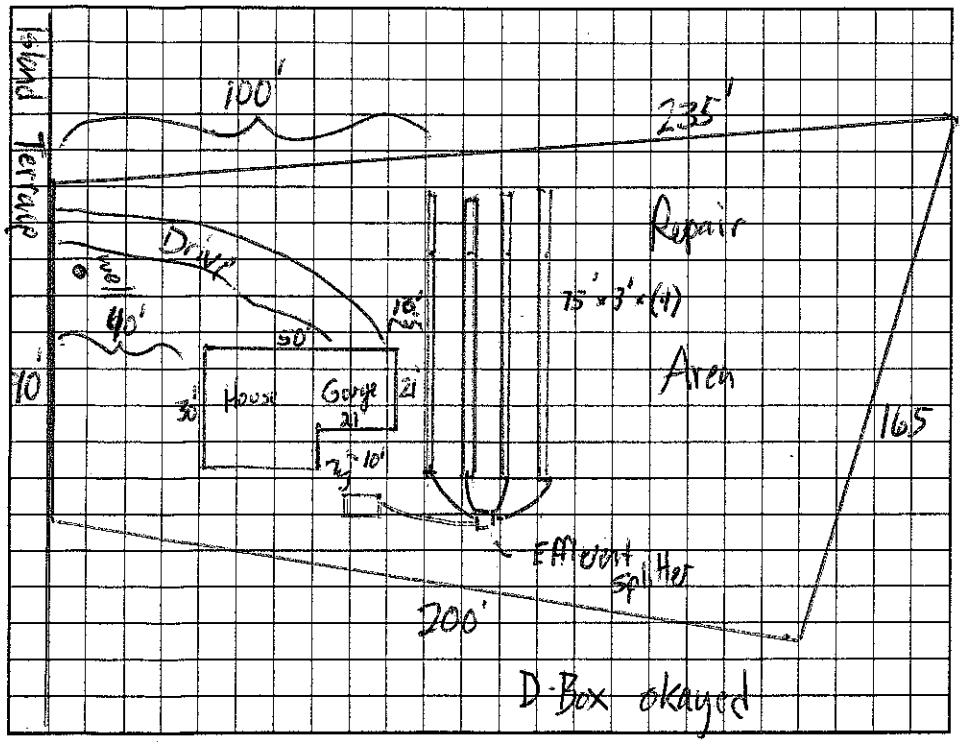
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

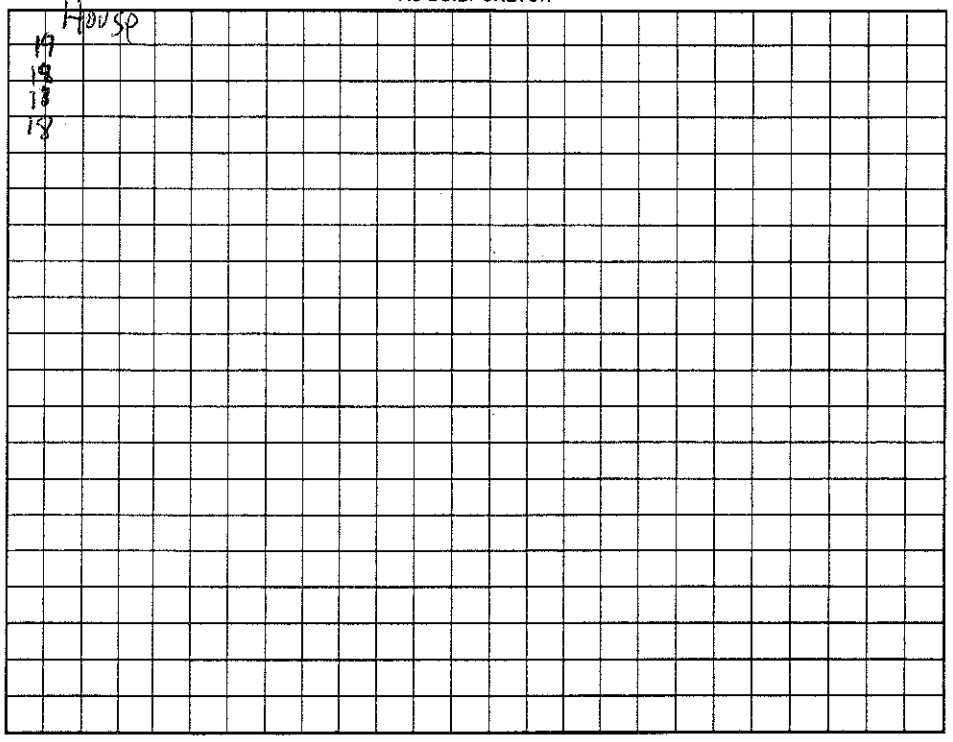
Comments:/Conditions: Shallow placement of tank to allow for use of gravity system

Comments:/Conditions: Red filter ST marker

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: James Watson date ____

Improvement Permit by: [signature] date 10-17-05

Authorization to Construct by: [signature] date 10-17-05

Installed by: Tuckers Grading

Operation Permit by: James Watson date 2-20-07

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK