IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21235

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

PIN # 4722645428

APPLICANT: Gerald Rimmer/Sam Troutman APPLICANT ADDRESS: P.O. Box 582 Troutman, NC 28166

SITE ADDRESS: 683 Old Mountain Rd. Statesville, NC PHONE: 704 528-5724 ALT. PHONE:

SITE DIRECTIONS: US 21 South TR Old Mountain Rd

SUBDIVISION: SECTION: — LOT # — LOT AREA: 15.122 Ac. DESIGN FLOW: 480gpd L.T.A.R.: .26

Exist Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft: 600
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Existing Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

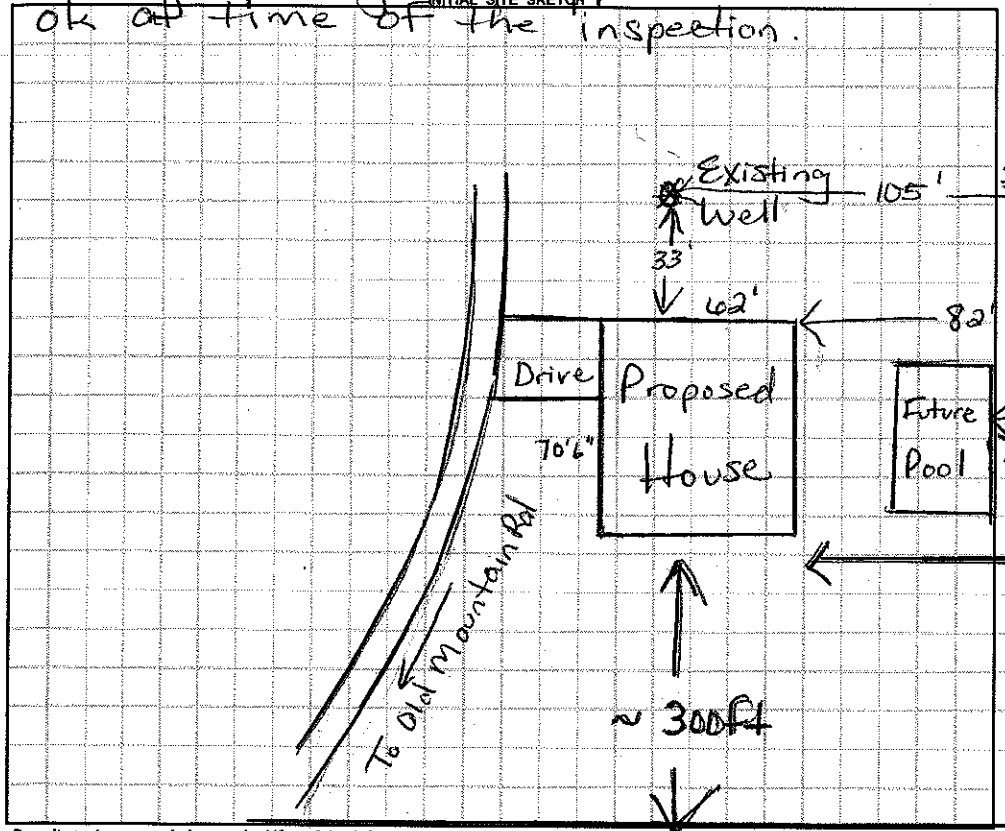
☒ Residence No. Bedrooms
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private Exist ☐ Public ☐ Community

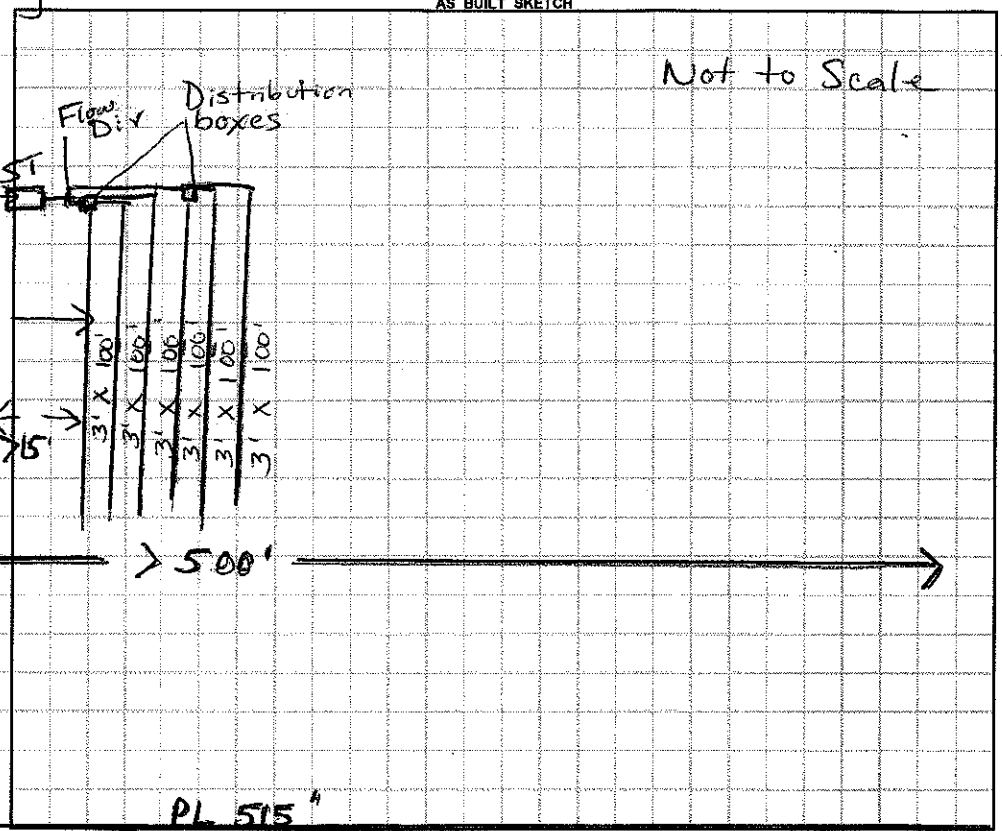
Comments / Conditions: Must keep new house at least 25ft to well & greater than 5ft to Septic (Minimum 15ft between basement & Septic) Existing Septic System "appears" to be functioning ok at time of the inspection.

Any future pool must be at least 15ft from Septic System.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Gerald K. Rimmer Date: 8-26-15 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria H. Gibson RS Date: 8/21/15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK