IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# _____ PIN# _____ DATE 4-7-98

OWNER OR CONTRACTOR Donna + Bobby Bishop PHONE: Business 873-5233 Home 528-9389

ADDRESS 614 Old Mtn Rd Troutman

LOCATION 215 TR OMR past Wallace SP Rd 1/4 mi Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1/2 acre LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 3X 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 450 Linear Feet 150

No Lines 1 Trench Width 36 Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

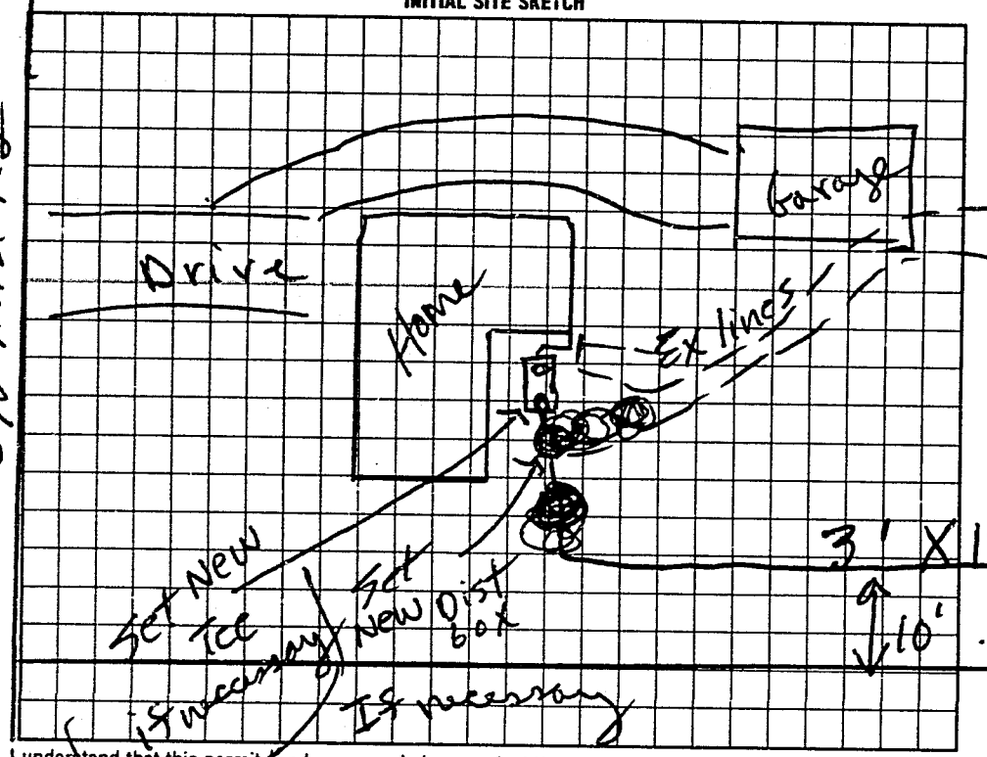
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

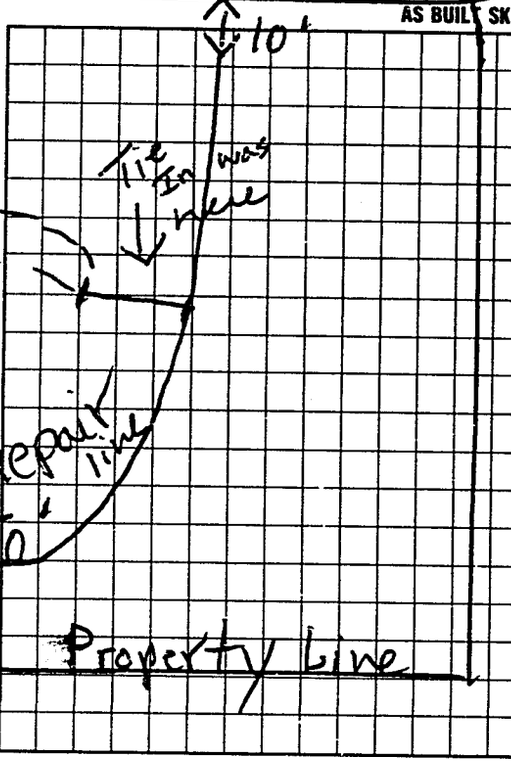
P L

Comments:/Conditions: After Digging Into system Sound outlet was on opposite side of Next To House This Part of House was Added + Placed over portion of S.T. System. Repair Drain Line went In as shown However Due To Above Conditions had To Tie Into End of Drain lines as shown

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: X Donna Bishop date 4-7-98 Installed by: Andy Daniels

Improvement Permit by: P.C. Moore date 4-7-98 Operation Permit by: P.C. Moore date 4-14-98

Authorization to Construct by: P.C. Moore date 4-7-98 Existing System Inspection by: _____ date _____

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