IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120352 PIN# 4722-86-8666 9707 DATE 6-30-04

OWNER OR CONTRACTOR ROY A. YOUNG PHONE: Business (704) 929-6745 Home (704) 528-0272

ADDRESS 169 AUTUMN LEAF RD. TROUTMAN NC 28166

LOCATION I-40W (L) OMR (L) WALLACE SPRINGS RD (L) CHARIS LN TO CURVE ON RIGHT IN CURVE

SUBDIVISION WILLIAMS FARM BLOCK / SECTION 3 LOT 48 LOT AREA 1.122 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 760 Date 4-7-04
Pump Tank: ____ Gallons; P.T. ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 200
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

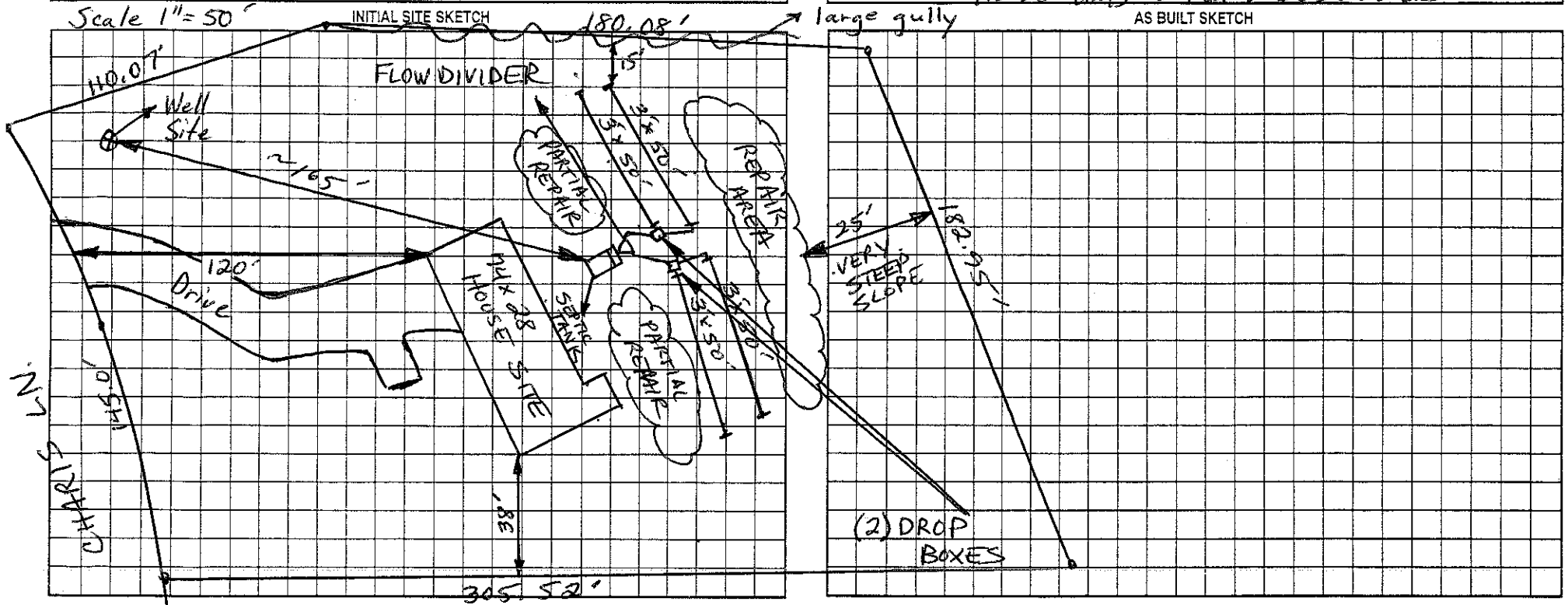
☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: LP PANEL 50% RED
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments/Conditions: ① INSTALL LINES ON CONTOUR
② MAINTAIN SETBACKS

Comments/Conditions: TUFF TITE FITTER & MARKER
SYSTEM INSTALLED AS DRAWN BY WELL & HOUSE WAS BUILT & INSTALLED



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: ____ date 6-30-04 Installed by: JAKE Milley

Improvement Permit by: Christopher M. Sheriff, RS date 6-30-04 Operation Permit by: ____ date 7-9-04

Authorization to Construct by: Christopher M. Sheriff, RS date 6-30-04 Existing System Inspection by: ____ date ____

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