IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

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

PERMIT # 218085

PIN # 4730-04-9959

APPLICANT: America's Home Place | APPLICANT ADDRESS: 1206 Greenland Dr. Statesville, NC

SITE ADDRESS: 131 Leah Lane - Troutman, NC | PHONE: 704-746-7094 | ALT. PHONE:

SITE DIRECTIONS: Perth Rd N from Rt 150 → Left on State Park Rd → R on Hick's Creek Rd → Left on Leah Lane → @ end on Left.

SUBDIVISION: Sarah's Creek | SECTION: — | LOT # 7 | LOT AREA: 1.78 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB 760	Date 5/9	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT 363	Date 3/15	System Description: PM - 25% Reduction	
Pump Make		Model	Serial #	Repair System Description: PM - 25% Reduction	
# Nitrification Fields	1	# Lines 5 (3 Taps)	Linear Ft: 400	Maintenance Agreement Required: ☐ YES ☒ NO	
Trench Width	36"	Max. Trench Bottom Depth	34" [low side]	Gravel Depth —	☐ GRAVITY ☒ PRESSURE

☒ Residence — No. Bedrooms 4 — Water Supply: ☒ Private ☐ Public ☐ Community

☐ Business — No. Persons 8

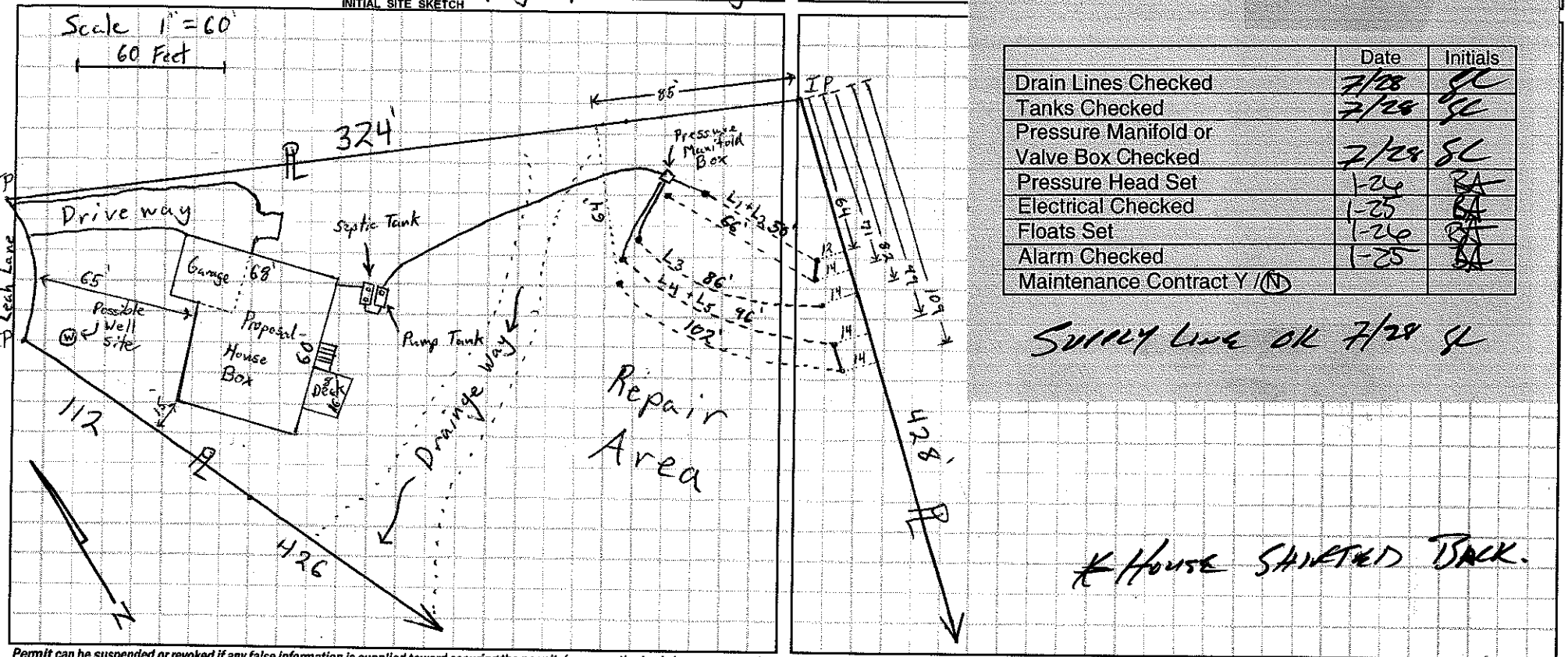
☐ Other — No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☒ Basement w/o plumbing

Comments / Conditions: Follow all N.C. septic rules. Tap sizing is as follows: L_1+L_2 = 1½" SCH 40 L_3 = 1½" SCH-80 L_4+L_5 = ¾" SCH 40 Providing ≈ 25 gal/min @ manifold. Set on/off float to dose ≈ 300 gal/dose per 12 minutes run time. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



	Date	Initials
Drain Lines Checked	7/28	SC
Tanks Checked	7/28	SC
Pressure Manifold or Valve Box Checked	7/28	SC
Pressure Head Set	1-26	BA
Electrical Checked	1-25	BA
Floats Set	1-26	BA
Alarm Checked	1-25	BA
Maintenance Contract Y / (N)		

Supply Line OK 7/28 SC

* House shifted back.

Permit can be suspended or revoked if 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: [signature] Date: 6/17/16 Installed by: Grand Builders

IMPROVEMENT PERMIT by: Thomas Shuck Date: 6/16/16 OPERATION PERMIT by: [signature] Date: 1-26-17

AUTHORIZATION TO CONSTRUCT by: Thomas Shuck Date: 6/17/16 Existing System Inspected by: Date:

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