IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 208106

PIN # 4730118418

APPLICANT: Dan + Jan Fortune

APPLICANT ADDRESS: 19808 Oak Leaf Circle

SITE ADDRESS: 170 Silver Falls Dr Troutman NC 28166 PHONE: 704-408-0729 ALT. PHONE: 704-408-0725

SITE DIRECTIONS: off State Park Rd T/L Morrison Farm Rd T/L Silver Falls Dr Lot on right

SUBDIVISION: Parkwood @ Falls Cove SECTION: 6 LOT # 651 LOT AREA: 1.237ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB 764-1000	Date 7-29-15		
Pump Tank	(gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines 3	Linear Ft: 360		
Trench Width	36"	Max. Trench Bottom Depth	30"	Gravel Depth	N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction - pump

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

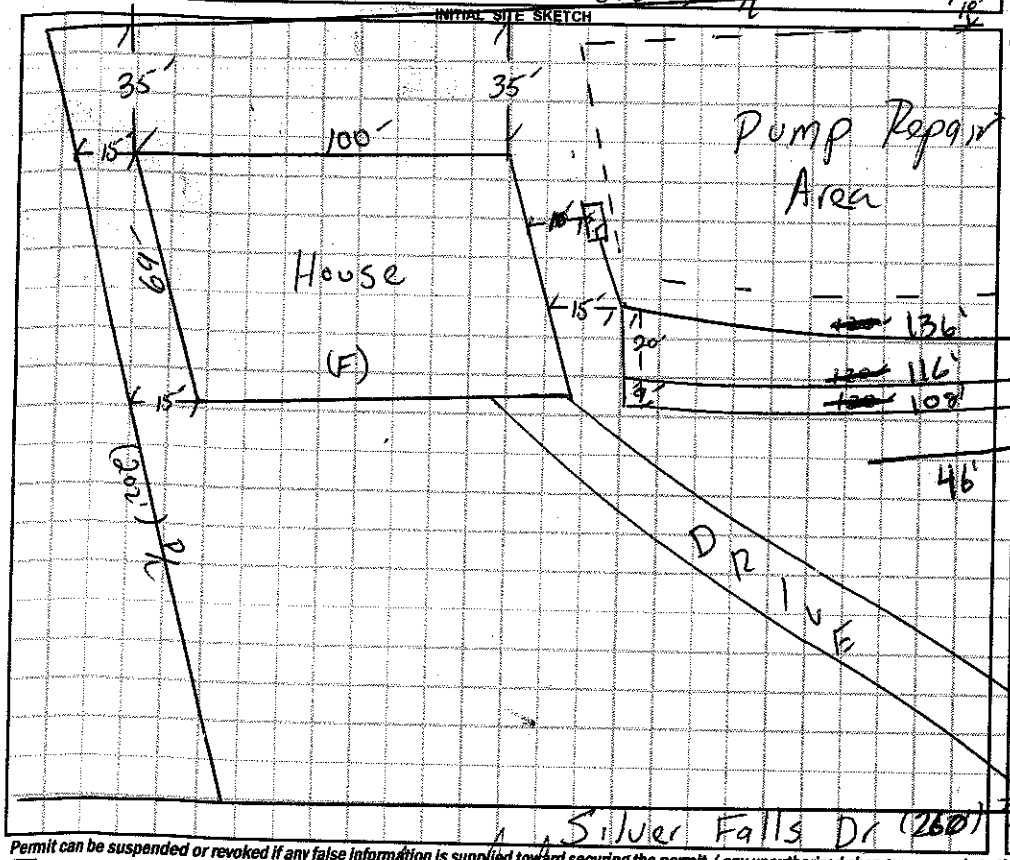
No. Bedrooms 3 No. Persons 6 No. Employees ____ ☒ Crawl Space

Water Supply: ☐ Private ☐ Public ☒ Community

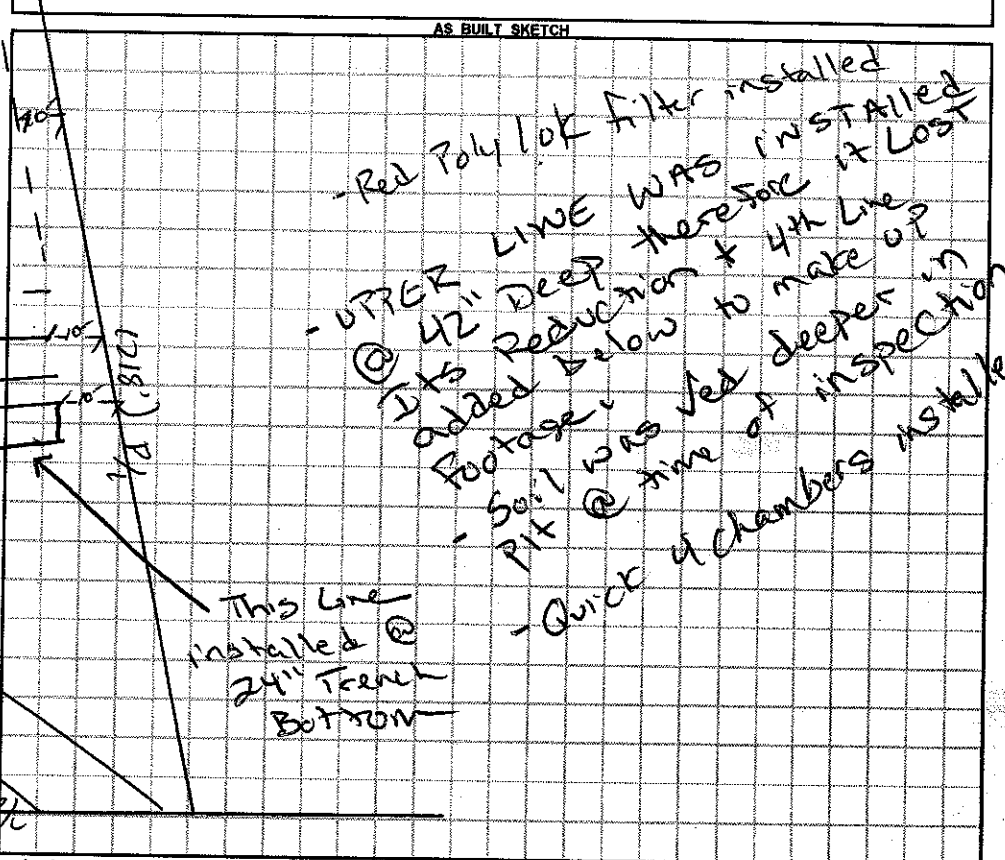
☐ Basement w/o plumbing

Comments / Conditions: Install 25% Reduction on Contour with serial distribution & lumb out back right of house.

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: _____ Date: _____

IMPROVEMENT PERMIT by: _____ Date: 03/04/15

AUTHORIZATION TO CONSTRUCT by: _____ Date: 03/04/15

Installed by: Bass Grading

OPERATION PERMIT by: _____ Date: 9-3-15

Existing System Inspected by: _____ Date: _____

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