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 10/24/00

OWNER OR CONTRACTOR Sandi Mical PHONE: Business _____ Home 799-8154

ADDRESS PO Box 1234 Troutman NC 28166

LOCATION Perth, R State Park, on Lt just Past Honeycutt Rd

SUBDIVISION ___ BLOCK / SECTION ___ LOT ___ LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 312 Date 3/27/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 @ 25 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Red.
Repair System Description: Grav. PPBS
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth ___ ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

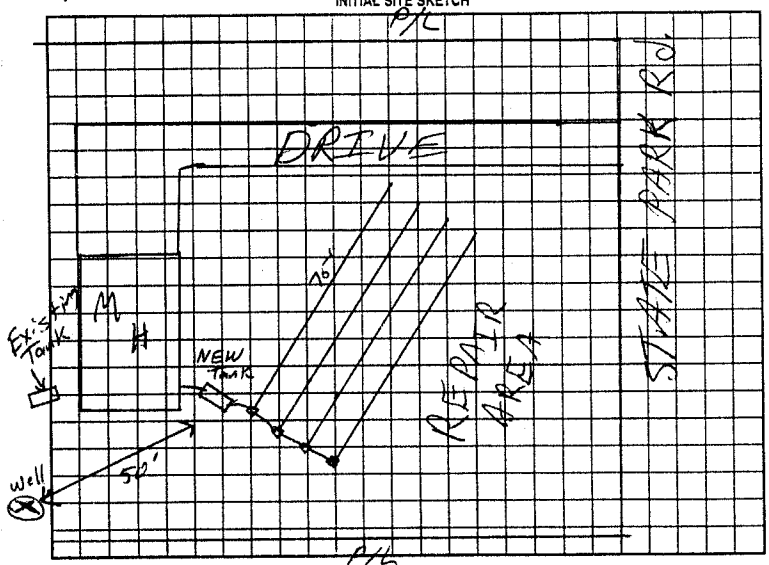
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep system 50' minimum from well - Existing tank needs to be pumped, crushed + Filled
System upgrade for property sale

Comments/Conditions: Filter installed

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. 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: Rosemary Mical date 11-1-00 Installed by: B. Signum Grading

Improvement Permit by: [signature] RSI date 10/24/00 Operation Permit by: [signature] RSI date 11/16/00

Authorization to Construct by: [signature] RSI date 10/24/00 Existing System Inspection by: _____ date _____

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