IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 10/24/00

PERMIT# PIN# PHONE: Business Home 799-8154

OWNER OR CONTRACTOR Sandi Mical

ADDRESS PO Box 1234 Troutman NC 28166

LOCATION Perth, R State Park, on Lt just Past Honeycutt Rd SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

SUBDIVISION BLOCK / SECTION LOT LOT AREA

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

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 ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

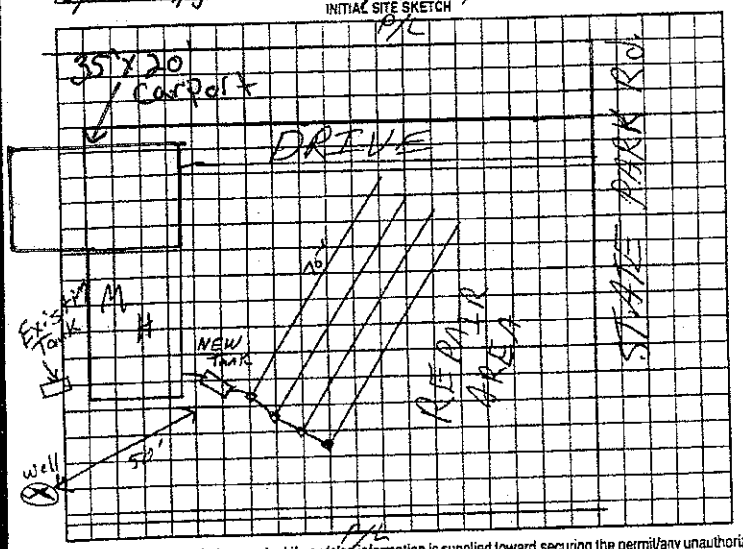
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep system 50' minimum from well - Existing tank needs to be pumped, crushed & Filled

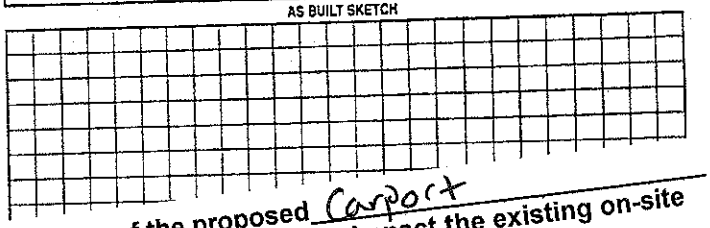
System upgrade for property split

Comments:/Conditions: Filter installed

INITIAL SITE SKETCH



AS BUILT SKETCH

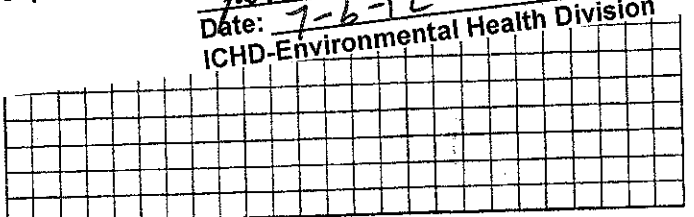


Location of the proposed Carport addition does not appear to impact the existing on-site septic system.**NOTE:

Justin Henderson REHS

Date: 7-6-12

ICHD-Environmental Health Division



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: D. Signer Grading

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

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

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