IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# [redacted] 4730-35-0501 2595 35 DATE 7-24-05

OWNER OR CONTRACTOR [redacted] EDWARD BROOKS PHONE: Business _____ Home 704 528-3007

ADDRESS 147 LOCKHARD CT, TROUTMAN, N.C. 28166

LOCATION 21S (E) PROFIT (R) AT [redacted] STATE PARK RD (D) BOX # 323

SUBDIVISION Atkinson Acres BLOCK / SECTION _____ LOT 1 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 75 GALLON Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 200'

No Lines 4X50 Trench Width 36" Max Trench Bottom Depth [redacted] Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: 6DAY CONV

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☒ Other WASHER DRAIN SYSTEM

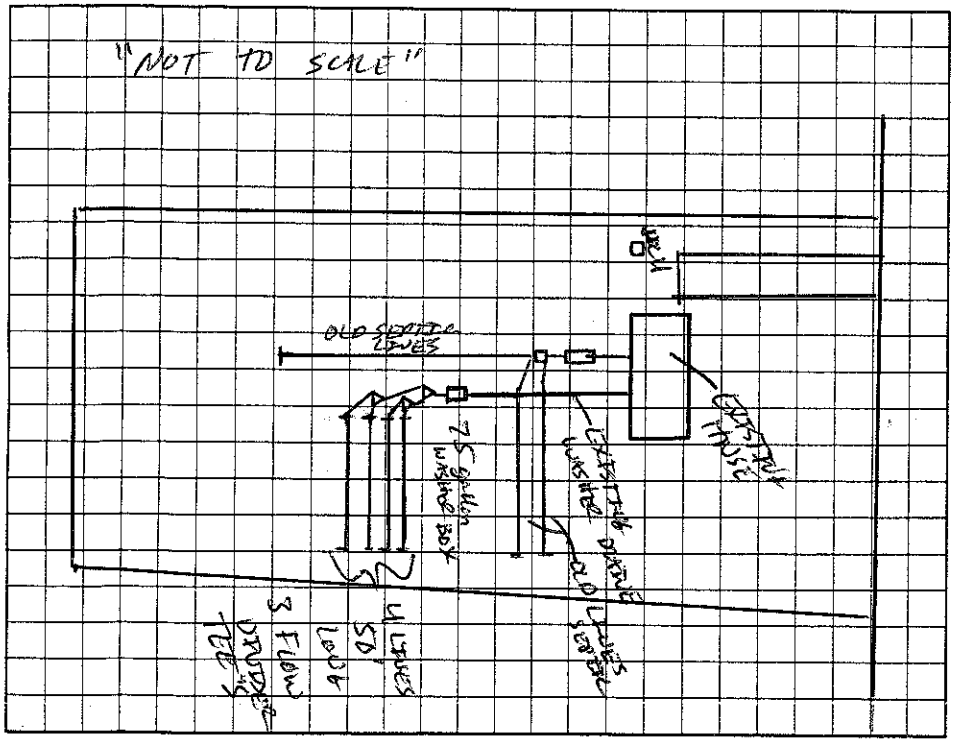
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

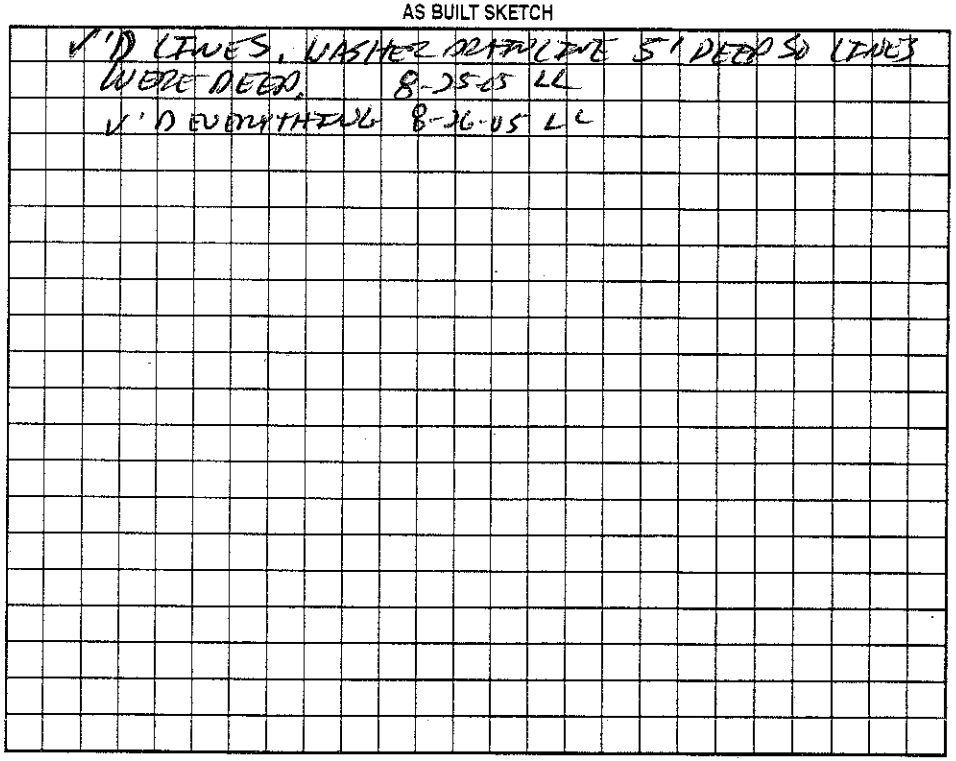
Comments/Conditions: (1) THIS IS A REPAIR FOR THE WASHER DRAIN (2) MAINTAIN SETBACKS (3) INSTALL A 75 GALLON WASHER BOX

Comments/Conditions: THIS PERMIT SERVES AS NOTICE OF VIOLATION AND MUST BE REPAIRED WITHIN 30 DAYS.

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: _____ 8-5-05 date _____ Installed by: WAYNE CLONTZ

Improvement Permit by: _____ date 7-24-05 Operation Permit by: _____ date 8-26-05

Authorization to Construct by: _____ date 7-24-05 Existing System Inspection by: _____ date _____

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