CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14259 PIN# 4750-28-9075 DATE 29 June 07

OWNER OR APPLICANT Kelly D. Phillips PHONE: Business 704-880-8903 Home 704-924-8317

ADDRESS P.O. Box 43 / Barium Springs, N.C.

LOCATION 232 State Park Rd. Troutman, N.C. Behind Fallstown Baptist Church.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10 Ac. SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. 0.3g/Ft²/d

Septic Tank: 1000 Gallons; STB WP 910 1007 Date 9-10-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet = 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ 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

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

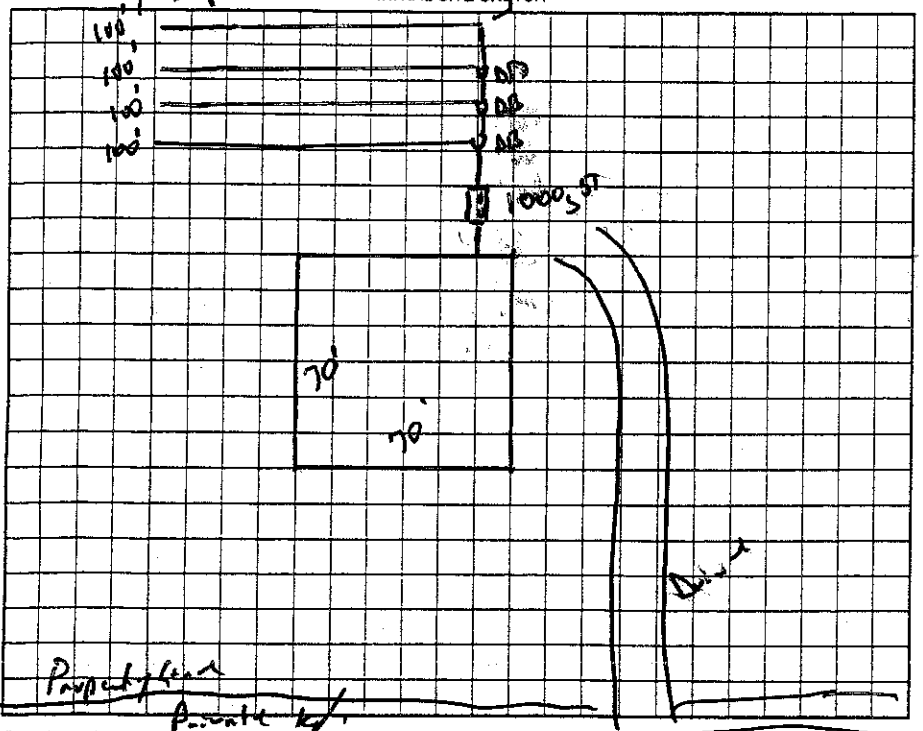
Water Supply: ☑ Individual ☐ Public ☐ Community

Gravel Depth: _____ ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

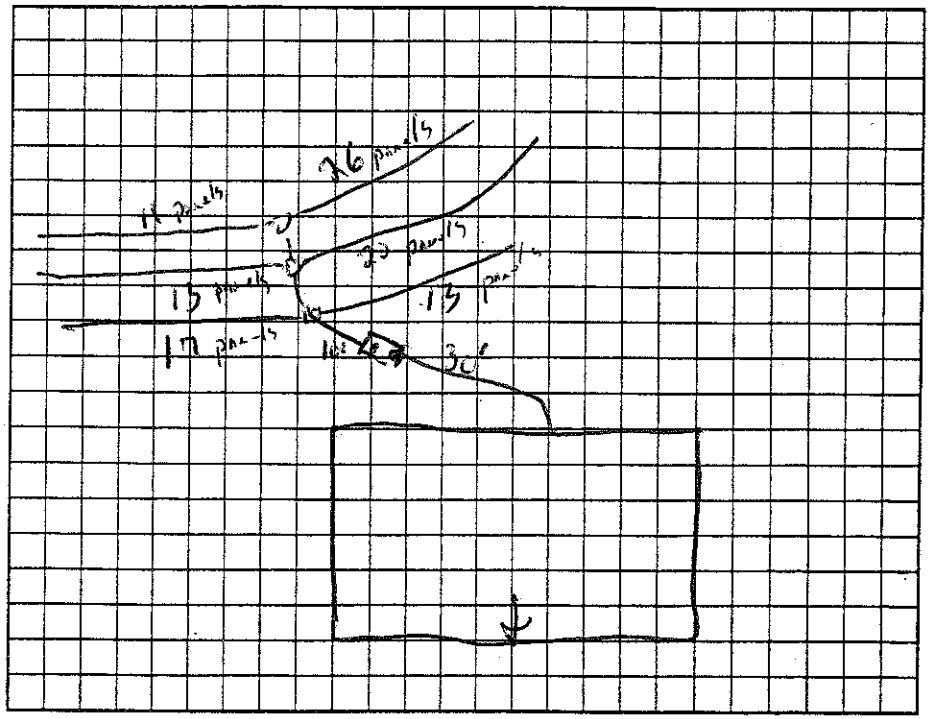
Comments/Conditions: Follow contour / Y Easement Attached

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: Kelly Phillips date 29 June 07 Installed by: Wayne Clontz

Improvement Permit by: _____, R.S. date 29 June 07 Operation Permit by: _____, R.S. date 13 Nov. 07

Authorization to Construct by: _____ date 8-13-07 Existing System Inspection by: _____ date _____

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