ALP

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214754

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

PIN # 4730-33-5256

APPLICANT: Joseph Sloan + William Wallace APPLICANT ADDRESS: 217 East Church Street Troutman, NC 28166

SITE ADDRESS: 149 Holly Branch Lane Troutman NC 28166 PHONE: 704-787-4272 ALT. PHONE:

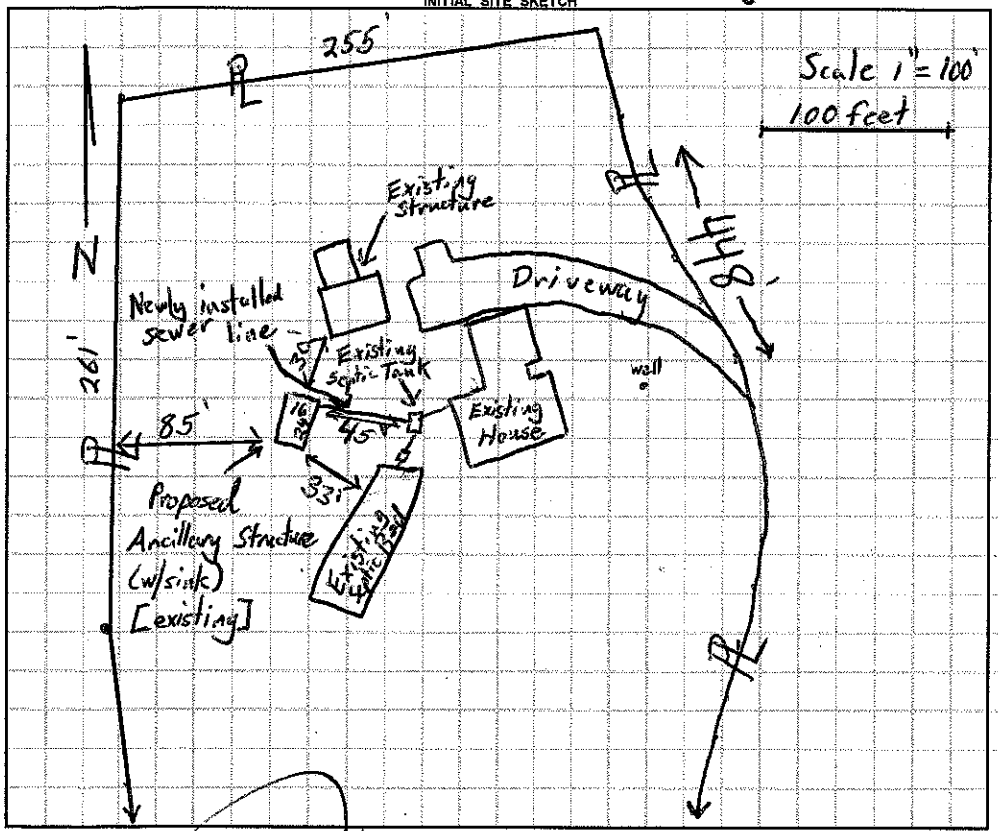
SITE DIRECTIONS: Perth Rd North → ~~Right~~ or Left onto State Park Rd → Left onto Honeycutt Rd → Right onto Holly Branch Lane → Cul-de-sac on Right

SUBDIVISION: Holly Branch SECTION: — LOT # 22H LOT AREA: 3.31 acres DESIGN FLOW: 480 gal/day L.T.A.R.: Existing

Septic Tank 2000 (per applicant) (gal)	STB N/A	Date N/A	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank — (gal)	PT —	Date —	System Description: Existing Bed System		☐ Business	No. Persons 8	☒ Private
Pump Make —	Model —	Serial # —	Repair System Description:		☐ Other	No. Employees —	☐ Public
# Nitrification Fields EXISTING	# Lines	Linear Ft:	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	Max. Trench Bottom Depth	Gravel Depth —	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: At time of site visit, all improvements had previously been completed. It remains unclear what impact these improvements have had on the functionality of the system. Sink in the 24'x16' structure is to be used for private therapeutic purposes only and not in conjunction with any official business operations.

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: 1-27-16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 12-30-15

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