IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100085 PIN# 4730 54 8373 DATE 5/1/01

OWNER OR CONTRACTOR JOHN DARBY PHONE: Business _____ Home (704) 528-0675

ADDRESS 144 PERTHWOOD DR, TROUTMAN, NC 28166

LOCATION PERTH CH. RD. (R) PERTHWOOD DR. ON (R)

SUBDIVISION PERTHWOOD EST. BLOCK / SECTION _____ LOT 27 LOT AREA .87Ac. SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .30

Septic Tank: 1000 Gallons, STB _____ Date _____

Pump Tank: _____ Gallons, PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 300'

No Lines 5 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

~~House/Mod. Home~~ ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms _____ No. Employees _____

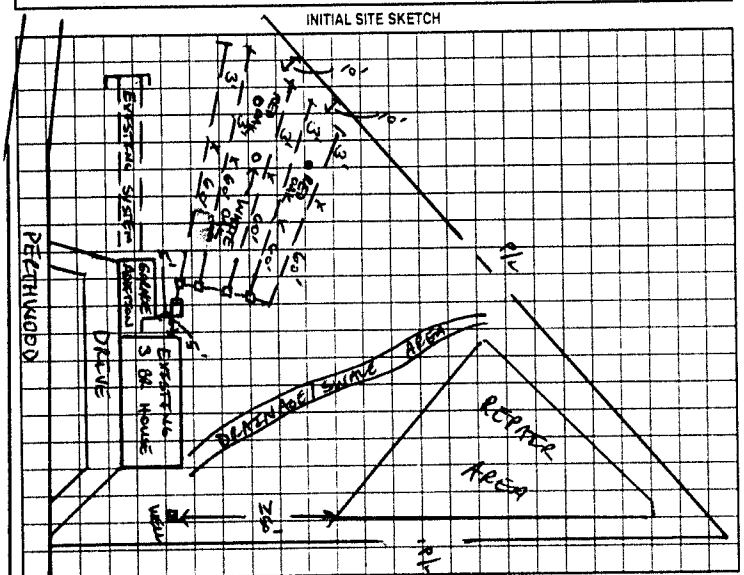
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ~~Basement wo/plumbing~~

Water Supply: ~~Individual~~ ☐ Public ☐ Community

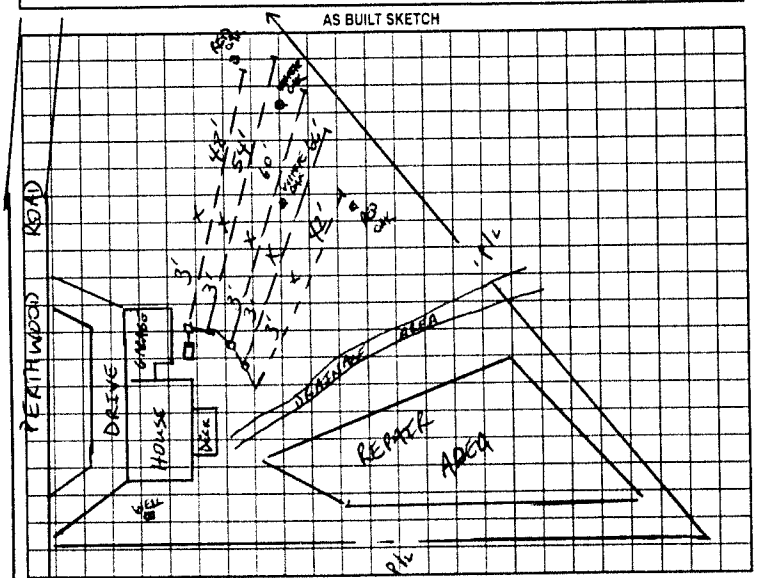
Comments/Conditions: (1) ABANDON EXISTING DRAINFIELD (2) PUMP AND CRUSH/FILL EXISTING SEPTIC ~~TANK~~ (3) INSTALL DRAINLINES UNIFORM AND ON CONTOUR (4) MAINTAIN SETBACKS.

Comments/Conditions (1) PUMP SEPTIC TANK 3-5 YR.

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: _____ date 5/2/01 Installed by: RICHARD ABERNATHY

Improvement Permit by: _____ date 5/1/01 Operation Permit by: _____ date 5/2/01

Authorization to Construct by: _____ date 5/1/01 Existing System Inspection by: _____ date _____

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