IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1291668 PIN# 4730654881 DATE 9-26-05

OWNER OR CONTRACTOR Ted Menster PHONE: Business _____ Home 704-402-6441

ADDRESS 997 Perth Rd Troutman 28166

LOCATION Perth Rd. 2 mi. south of Troutman on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .598 SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 6-23-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600=1200' Linear Feet 300'

No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 33" Gravel Depth N/A

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

System Description: 25% reduction, gravity

Repair System Description: 25% reduction, gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

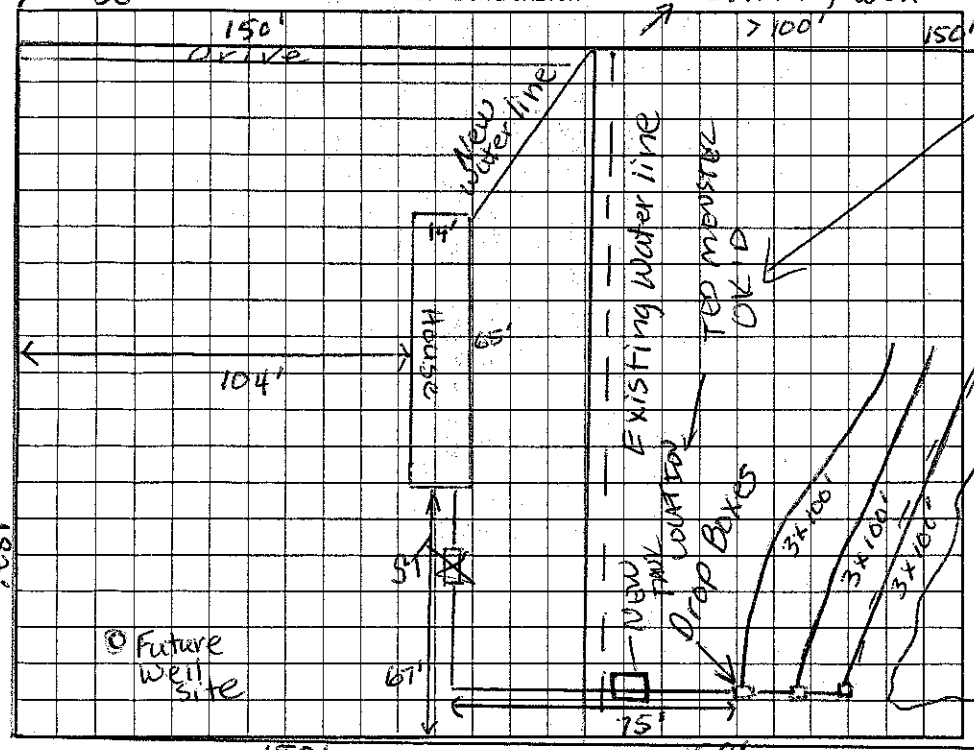
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: 1) Smooth berm along trench 2) Field portion of system to be installed on septic easement 3) Existing water line to be removed 4) Existing well located on adjacent property

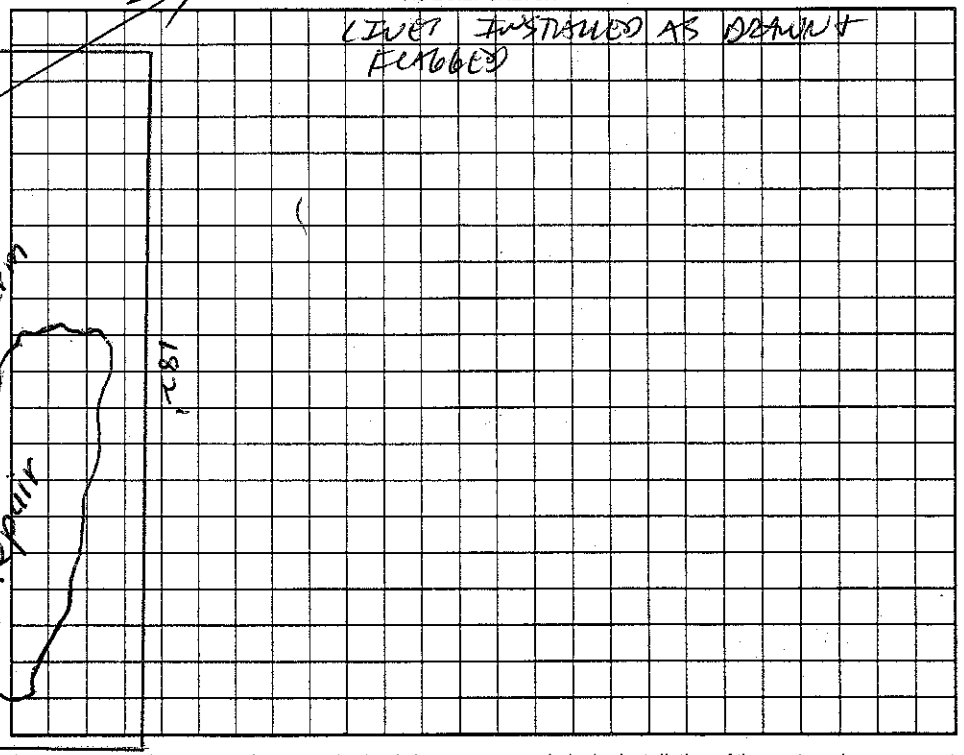
Comments/Conditions: ☒ CABLE FILED IMMEDIATELY EASEMENT ATTACHED TALKED TO TED MENSTER ON PHONE, HE OK'D TANK CHANGES AS INSTALLED

1" = 50'

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: Ted Menster date 9/30/05 Installed by: WAYNE CLONTZ

Improvement Permit by: Judy Melville date 9-26-05 Operation Permit by: _____ date 11-10-05

Authorization to Construct by: Judy Melville date 9-26-05 Existing System Inspection by: _____ date _____

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