IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86417 PIN# 4730 65 4793 DATE Dec 9 99

OWNER OR CONTRACTOR William Monster PHONE: Business _____ Home 528-6848

ADDRESS 114 Monster Dr Troutman

LOCATION Hwy 21 SB (R) Perth Rd past State Park on Left Just Past Monster Dr

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 Ac SITE CLASS B5 DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 794 Date 9-1-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1090 Linear Feet 360
No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Conv Gravity
Repair System Description: Gravity 25-50% Red
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

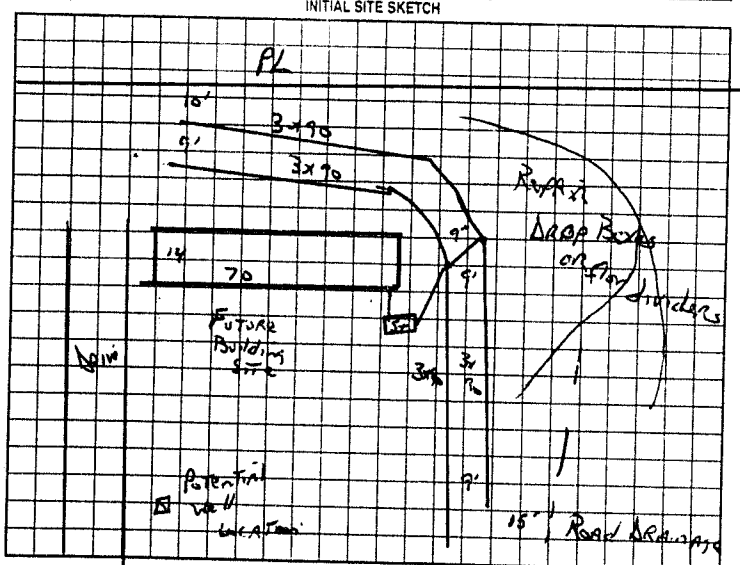
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community Well

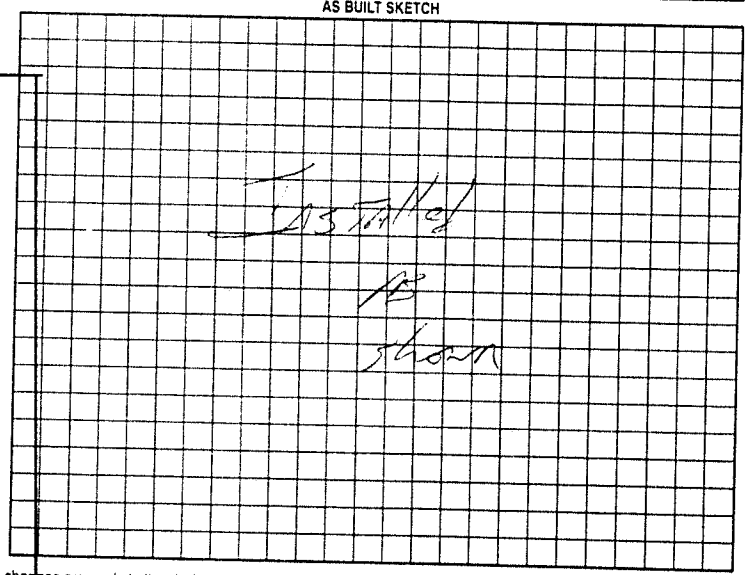
Comments:/Conditions: Keep well 100ft or MAX feasible Distance from Septic System (50ft Min)
(1) Keep End of septic Line 15ft from Surface drain
Smooth Terrace before installation Slope to drain

Comments /Conditions

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: William Monster date 12/9/99
Improvement Permit by: Jc Potter date Dec 9 99
Authorization to Construct by: Jc Potter date Dec 9 99

Installed by: Jo Backhoe
Operation Permit by: Jc Potter date Jan 7, 2000
Existing System Inspection by: _____ date _____

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