IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# Troutman 14693 PIN# 4730-67-4035 DATE 11-7-07

OWNER OR APPLICANT HAROLD LESLIE COLLINS PHONE: Business 704-902-6043 Home (704) 517-5697

ADDRESS P.O. BOX 1025 TROUTMAN, NC 28166

LOCATION US 21 SOUTH, TR PERTH (WAGNER) ROAD, 1.8 MILES ON LEFT AT BOX #925

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA AMPLE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9-24-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines FOUR Trench Width 36" Max Trench Bottom Depth (26")

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 25% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A ☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

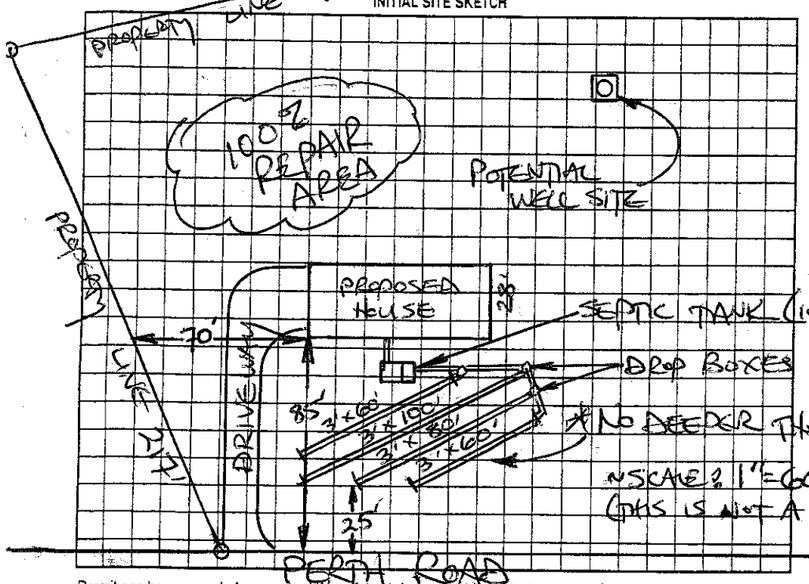
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

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

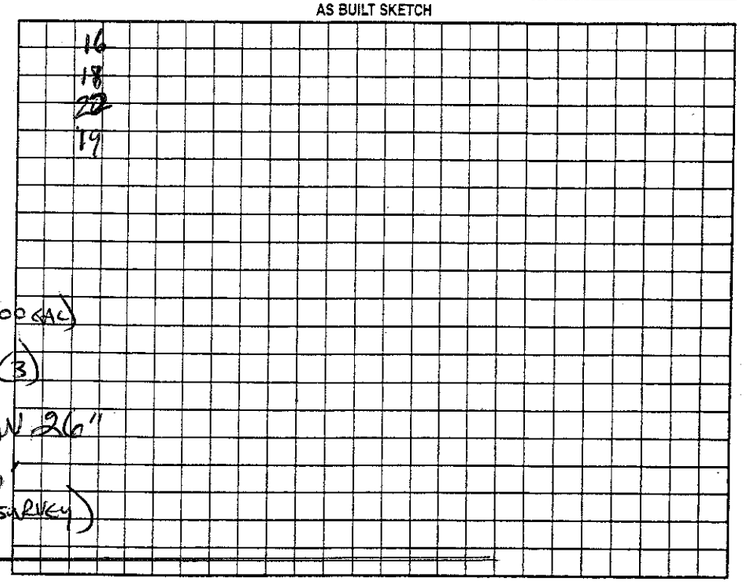
Comments:/Conditions: ① INSTALL 25% REDUCTION SYSTEM AS SHOWN, ON CONTOUR, NO DEEPER THAN * 26" ② KEEP SYSTEM MINIMUM 100' FROM WELL, AND 25' FROM DRAINAGE DITCH

Comments:/Conditions: Yellow Filter

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 11/7/07 Installed by: Tommy Frye

Improvement Permit by: STEVE HEDRICK date 11-7-07 Operation Permit by: _____ date 6-17-08

Authorization to Construct by: STEVE HEDRICK date 11-7-07 Existing System Inspection by: _____ date _____

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