92637

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 2 TROUTMAN PIN# 3H-C-3 DATE 11/15/99

OWNER OR CONTRACTOR LARRY DAVIS PHONE: Business 664-9407 Home

ADDRESS 450 OAK TREE RD. MOORESVILLE NC 28117

LOCATION PERTH RD(S) - TL SPRUCEWOOD CIRCLE - TR SPRUCEWOOD - ON RT

SUBDIVISION SPRUCEWOOD BLOCK / SECTION LOT 17 LOT AREA .5 AC SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .3 gpd/ft2

Septic Tank: 1000 Gallons; STB 1012 Date 9-15-2000

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: GRAV./PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

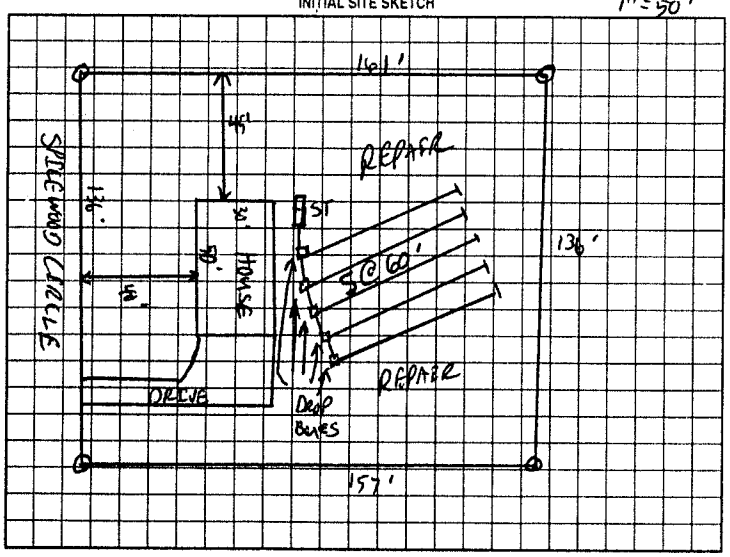
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community TROUTMAN

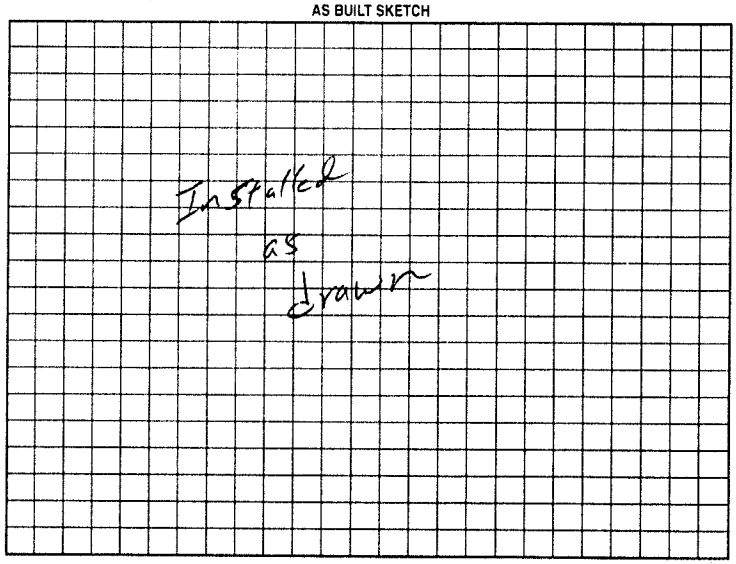
Comments/Conditions:

Comments/Conditions
- Installed as drawn, chambers Infiltrator
- Poly Lok Filter Installed
- Riser Installed

INITIAL SITE SKETCH 1" = 50'



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: Larry Davis date 4/5/00

Improvement Permit by: C. Bryan Fox KS date 11/15/99

Authorization to Construct by: C. Bryan Fox KS date 10/4/00

Installed by: Richard Abernathy

Operation Permit by: William O. Johnson date 2/6/01

Existing System Inspection by: date

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