IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 175.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 2 TROUTMAN PIN# 3H-C-3 DATE 10/25/99

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

ADDRESS 450 OAK TREE RD- MOORESVILLE

LOCATION PERTH RD(S)- TL SPICEWOOD- ON RT (2nd)

SUBDIVISION SPICEWOOD BLOCK / SECTION _____ LOT 29 LOT AREA .674 AC SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3 gal/ft²

Septic Tank: 1000 Gallons; STB 794 Date 8-19-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III. IV. V. VI

System Description: GRAVITY CONVENTIONAL

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

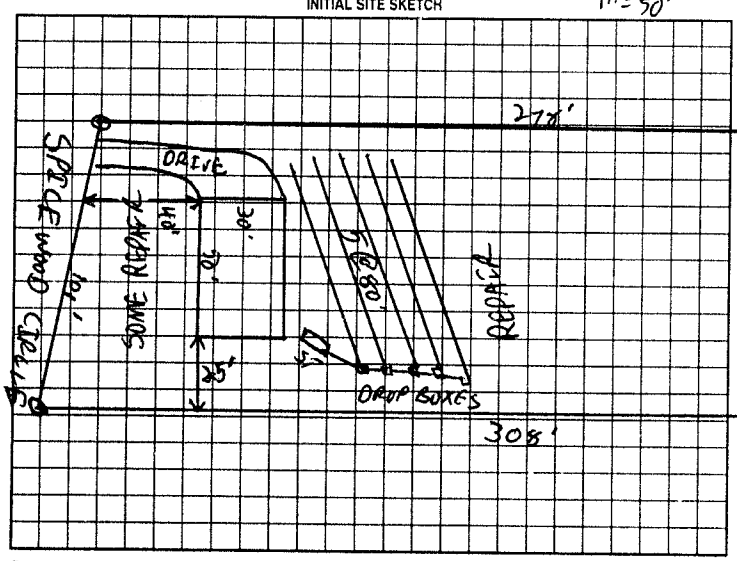
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community TROUTMAN

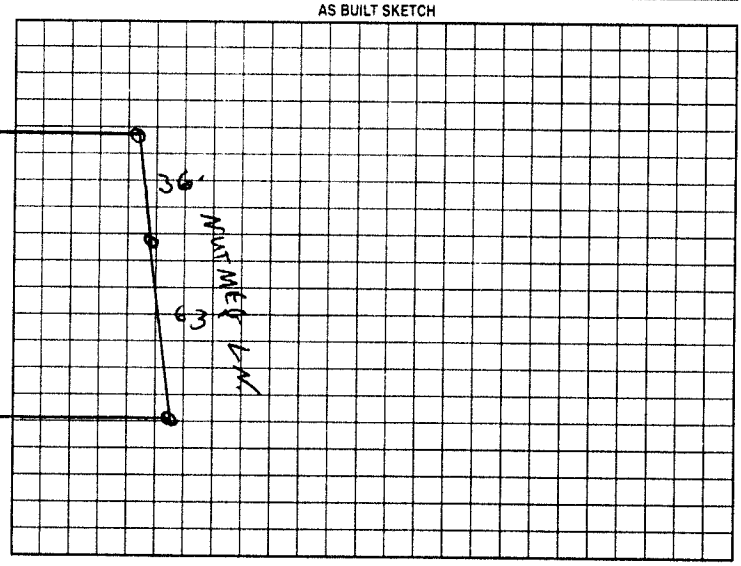
Comments/Conditions: HOUSE WILL BE 46'x50'

Comments/Conditions ZABEL FILTER & MARKER INSTALLED INSTALLED AS SHOWN

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 H. Davis date 6-7-01

Improvement Permit by: K. Bob Rogers RS date 10/25/99

Authorization to Construct by: William O. Johnson date 7/13/01

Installed by: Larry Rogers Contractor

Operation Permit by: Jim Cook RS date 10-9-01

Existing System Inspection by: _____ date _____

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