IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141842 PIN# 4730812313 Larry Brock (Builder) DATE 5-7-07

OWNER OR APPLICANT Russell Brown PHONE: Business 239-4018 Home 528-1512

ADDRESS 1234 Perth Rd. Troutman NC 28166

LOCATION Perth Rd N past Clontz Hill & Winding Forest before Skipper's Landing

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .495 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet Existing Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Grav - Convent

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

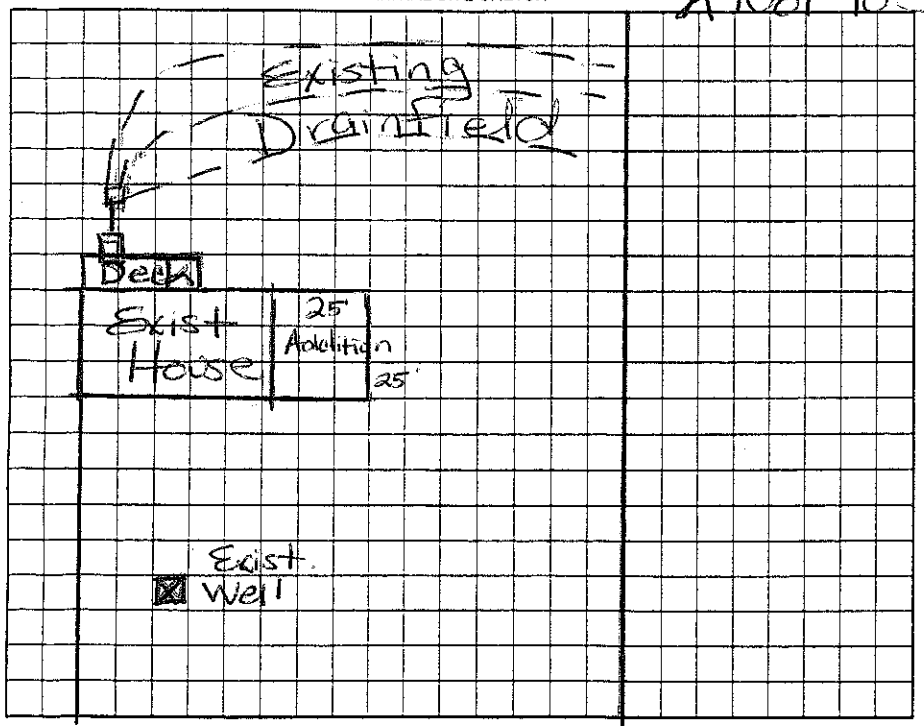
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Existing Septic System appears to be functioning okay at the time of expansion.

Comments:/Conditions: Addition to house should not influence existing Septic System Number of bedrooms will remain the same (3)

INITIAL SITE SKETCH ↑ Not to Scale



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: Robert J Brown date _____

Improvement Permit by: Maria H Dotson RS date 5/8/07

Authorization to Construct by: Maria H Dotson RS date 5/8/07

Installed by: _____

Operation Permit by: _____ RS date _____

Existing System Inspection by: Maria H Dotson RS date 5/8/07

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