IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206931

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

PIN # 4730 81 4002

APPLICANT: Michael Houser APPLICANT ADDRESS: 1248 Perth Rd Troutman, NC

SITE ADDRESS: 1248 Perth Rd Troutman, NC PHONE: ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Perth Rd on left just past Mantz Hill Rd

SUBDIVISION: Shady Cove SECTION: II LOT # 5 LOT AREA: DESIGN FLOW: 360 gpd L.T.A.R.:

Septic Tank 1000 (gal) STB 760 Date 3-10-15
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 200
Trench Width 36" Max. Trench Bottom Depth Gravel Depth 12"

☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - Conventional
Repair System Description: ST Replacement
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

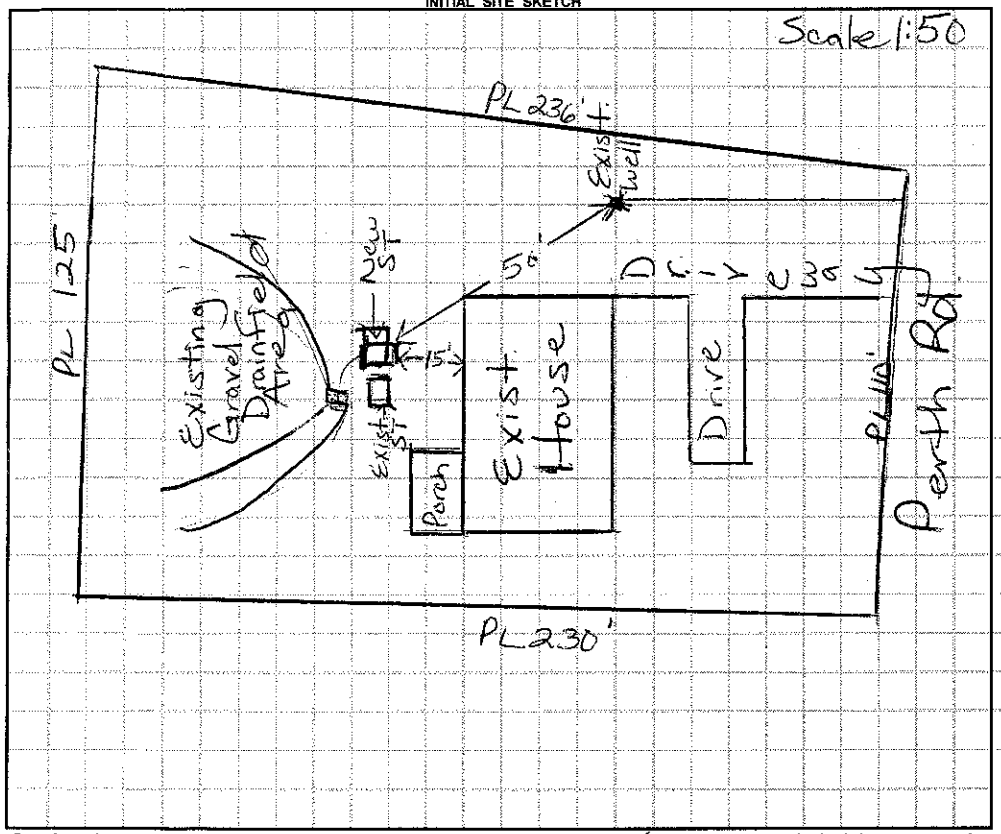
Exist

Comments / Conditions: * Replacing ST. Connect onto existing distribution box and drainfield. Deep ST at least 50ft to well and at least 15ft to House.

"Property" abandon existing ST

53ft btw ST & well

INITIAL SITE SKETCH



AS BUILT SKETCH

ST parrallel to House

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 11-14-14

IMPROVEMENT PERMIT by: RS Date: 11/14/14

AUTHORIZATION TO CONSTRUCT by: RS Date: 11/14/14

Installed by: Jarrid Lentz

OPERATION PERMIT by: RS Date: 8/13/15

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK