IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223520

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

PIN # 4731-31-3687

APPLICANT: Norma Taylor APPLICANT ADDRESS: 110 Den Lon Lane Troutman, NC

SITE ADDRESS: 110 Den Lon Lane Troutman, NC 28166 PHONE: 704-528-9329 ALT. PHONE: 704-902-4015

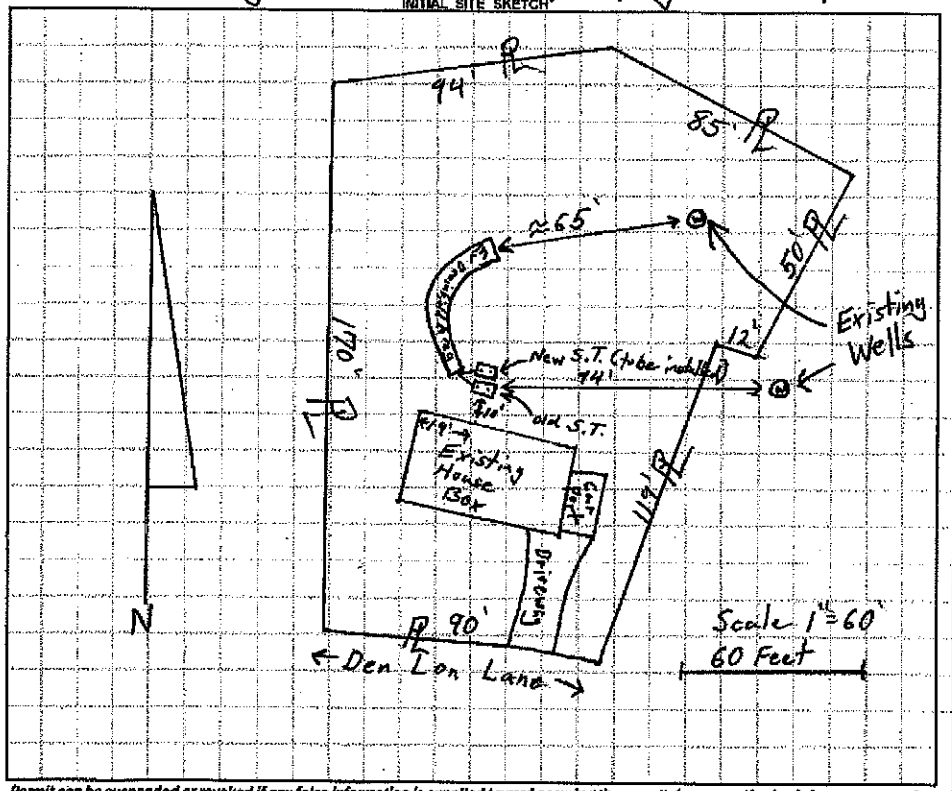
SITE DIRECTIONS: Rt 21/115 N from Troutman → L on Talley Rd → L on Lytton Farm Rd → R on Den Lon Lane → 2nd House on Right

SUBDIVISION: Cor-Del SECTION: — LOT # 8 LOT AREA: 0.578 DESIGN FLOW: 240 GPD L.T.A.R.: —

Septic Tank	1000 (gal)	STB		Date		☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	— (gal)	PT	—	Date	—	System Description: Replace existing septic tank w/ new	☐ Business	No. Persons	4	☒ Private	
Pump Make	—	Model	—	Serial #	—	Repair System Description: Septic tank as requested. Drainfield to remain.	☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1 Ex	# Lines	Existing	Linear Ft:	Existing	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	Existing	Max. Trench Bottom Depth	Existing	Gravel Depth	Existing	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Follow all N.C. septic rules. Existing septic tank shall be pumped, limed, and either 1) crushed in place 2) hauled away 3) Filled with clean, flowable (self-leveling) fill (sand, cement or gravel) Recommend pumping new septic tank every 3-5 years. Also recommend uncovering and ensuring the distribution box is level (replace if necessary)

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

☐ **IMPROVEMENT PERMIT** *with plan 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: Norma Taylor Date: 12-15-16 Installed by: A-1

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/12/16 OPERATION PERMIT by: [signature] Date: 2-16-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/12/16 Existing System Inspected by: [signature] Date:

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