IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

BA 12

PERMIT # 225830.

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

✓ PIN # 4731436406

APPLICANT: Janie M. Dixon

APPLICANT ADDRESS: 515 Talley Rd Troutman NC

✓ SITE ADDRESS: 515 Talley Rd Troutman NC

PHONE: 828 4614996 ALT. PHONE: 828 461 0634

SITE DIRECTIONS: Left on Talley RD (from Mooresville) house is on left approx 1½ miles.

✓ SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 1.51 Acres. DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	Ext	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	1	# Lines	2		Linear Ft:	120					
Trench Width	36	Max. Trench Bottom Depth	40		Gravel Depth	—					

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

System Description: 25% reduction

Repair System Description: 50 reduction.

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

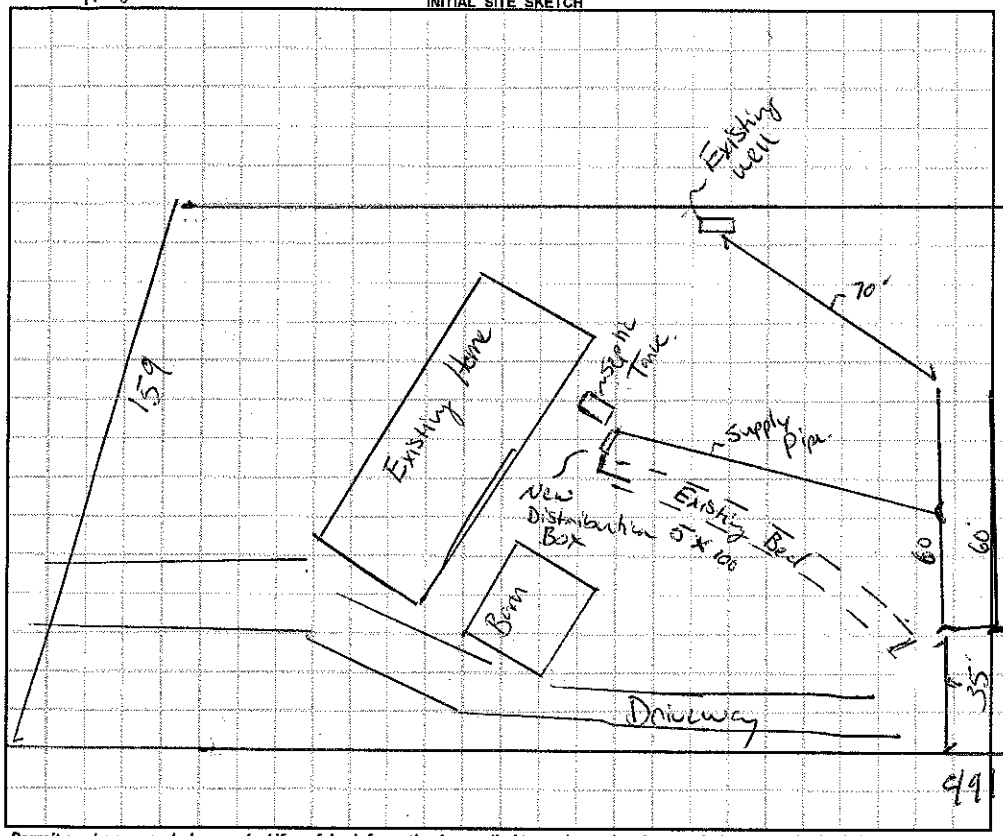
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: *Install new Distribution Box Align with Supply pipes to existing bed + new drop lines. Install 2 New drop lines @ 60 Ft each. Maintain 50 Ft offset from well. Bed system must be Fed First before Skipping down to new Lines.

3/28/17 - Reset Distribution Box Tied 2 new lines into New Box - Bed System uses Fed First before Skipping over into New Lines.

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 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: Janie M Dixon POA Date: 3/24/17 Installed by: Chuck Jinks - R+C Construction

IMPROVEMENT PERMIT by: Brynn A. Bottins Date: 3/24/17 OPERATION PERMIT by: B. Bottins Date: 3/28/17

AUTHORIZATION TO CONSTRUCT by: Brynn A. Bottins Date: 3/24/17 Existing System Inspected by: Date:

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