IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214382

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

PIN # 4731 - 78-7781

APPLICANT: William Rubenstein APPLICANT ADDRESS: 494 N. Eastway Dr. Troutman, Nc

SITE ADDRESS: 494 N. Eastway Dr. Troutman, NC PHONE: 704-818-6890 ALT. PHONE: 704-658-6974

SITE DIRECTIONS: Rt 21 N from Troutman town center, L on N Eastway Drive → on Right past the Library.

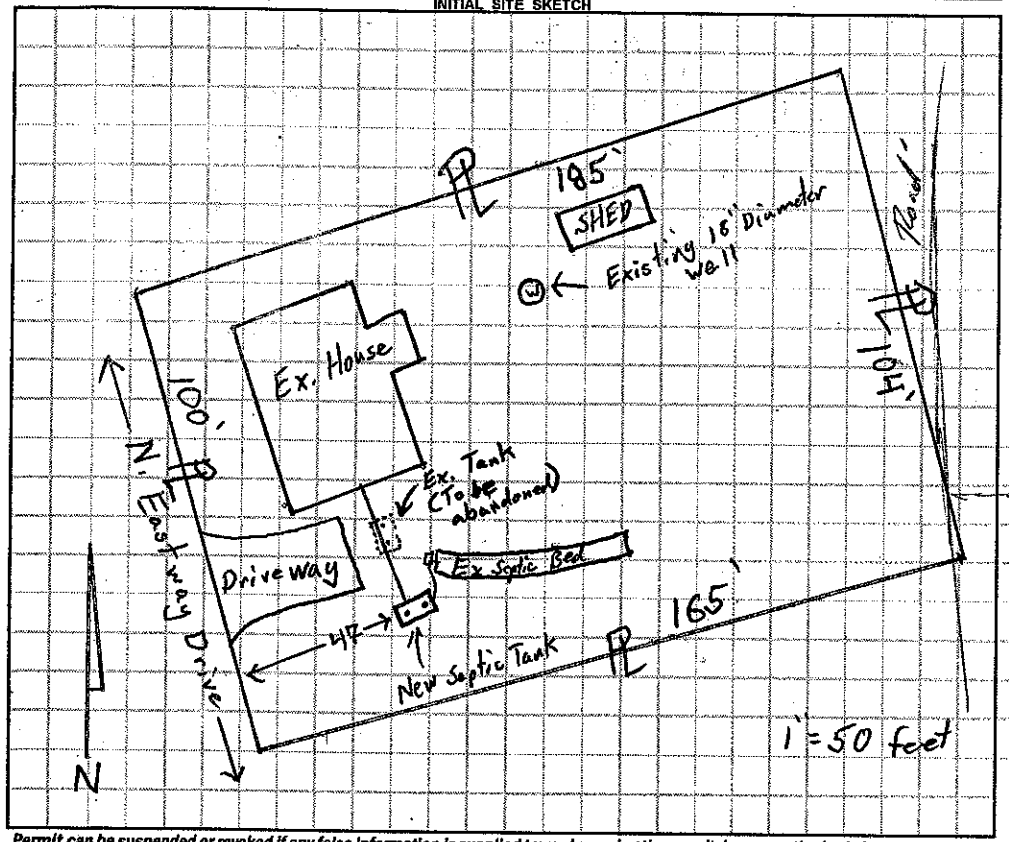
SUBDIVISION: Sherrill Court SECTION: — LOT # 6-9 LOT AREA: 0.36 acres DESIGN FLOW: 360 GPD L.T.A.R.: —

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:				☐ Business	No. Persons	6	☒ Private
Pump Make	—	Model		—	Serial #	—	Repair System Description:	Replace Septic tank as requested			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	Ex Bed		Linear Ft:	5' x 40' Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	5' Ex	Max. Trench Bottom Depth		40" Ex	Gravel Depth	12" Ex		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

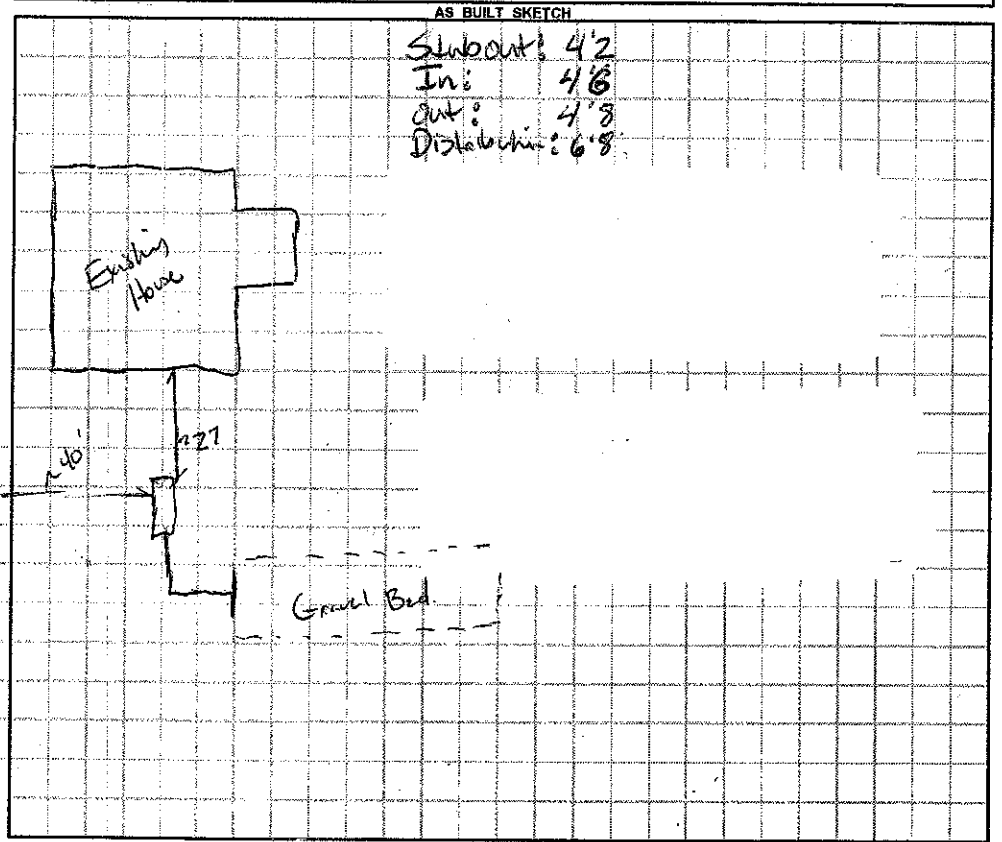
Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years. Old septic tank to be pumped and crushed in place.

Tank: GST-1000 STB-160- 10/28/2016

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: _____ Date: _____ Installed by: Kevin Bowles

IMPROVEMENT PERMIT by: Tom Shuck Date: 2-7-2017 OPERATION PERMIT by: Ben Boatwright Date: 2/7/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2-7-2017 Existing System Inspected by: _____ Date: _____

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