IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 06-3-699 PIN# 4731-81-2668 Town of Trautman DATE 7-8-99

OWNER OR CONTRACTOR Adam W. Malcom Jr PHONE: Business Home 528-5008

ADDRESS 677 Wagner St. Trautman

LOCATION Wagner St. Trautman #675 Behind # 677 on Left

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS P/S DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No. 150

Nitrification Field: No Fields 1 Square Feet Linear Feet

No Lines 2 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

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

System Description: Gravity Conventional

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees

☐ Other

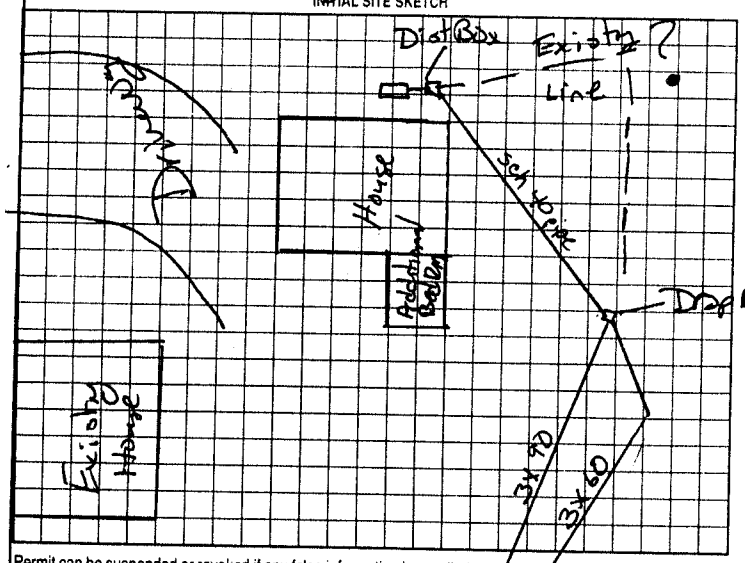
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing X Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

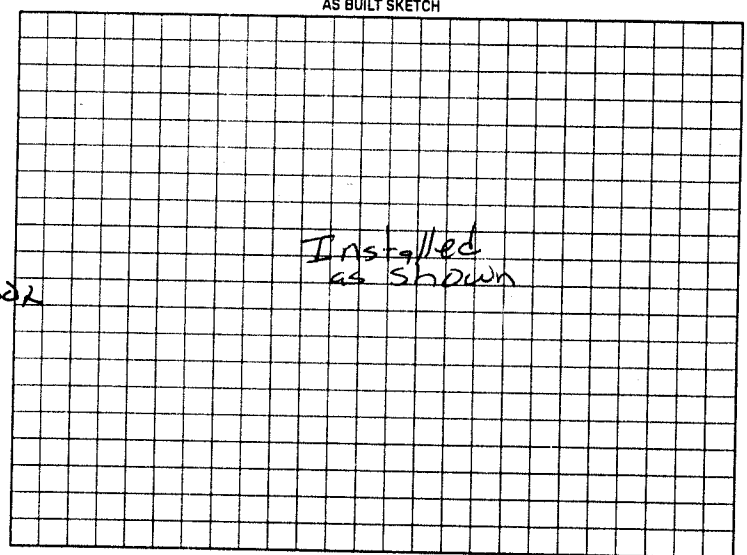
Comments/Conditions: (1) Need to examin existing tank - Replace if not a 1000gal tank, (2) Install 2 lines on each tank remove or fill in old tank (3) Need to tie washing line into tank

Comments/Conditions: Adding Bedroom

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. 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: Adam W Malcom date 7-8-99

Improvement Permit by: Mat Coit RS date 7-8-99

Authorization to Construct by: Mat Coit RS date 7-8-99

Installed by: Berry Sigmon

Operation Permit by: Mat Coit RS date 7-28-99

Existing System Inspection by: date

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