IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Troutman 130945 PIN# 4731913732 DATE 7-14-05

OWNER OR CONTRACTOR Amy Money PHONE: Business _____ Home 704-528-5217

ADDRESS 211 Kendall RD Troutman, NC 28166

LOCATION Perth RD (Troutman) (Hera St) (TR) Lake Circle - Right sharp curve

SUBDIVISION Holthouser BLOCK / SECTION II LOT 9 LOT AREA .767 SITE CLASS. V DESIGN FLOW 360 L.T.A.R. .4

Septic Tank: 1000 Gallons; STB _____ Date 2-11-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 900 Linear Feet 300
No Lines 6 Trench Width 36 Max Trench Bottom Depth 36" Gravel Depth 12

☐ New System ☐ Repair System Type: I II III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description: Pump / Gravity 25%
Maintenance Agreement Required: ☐ Yes ☐ No

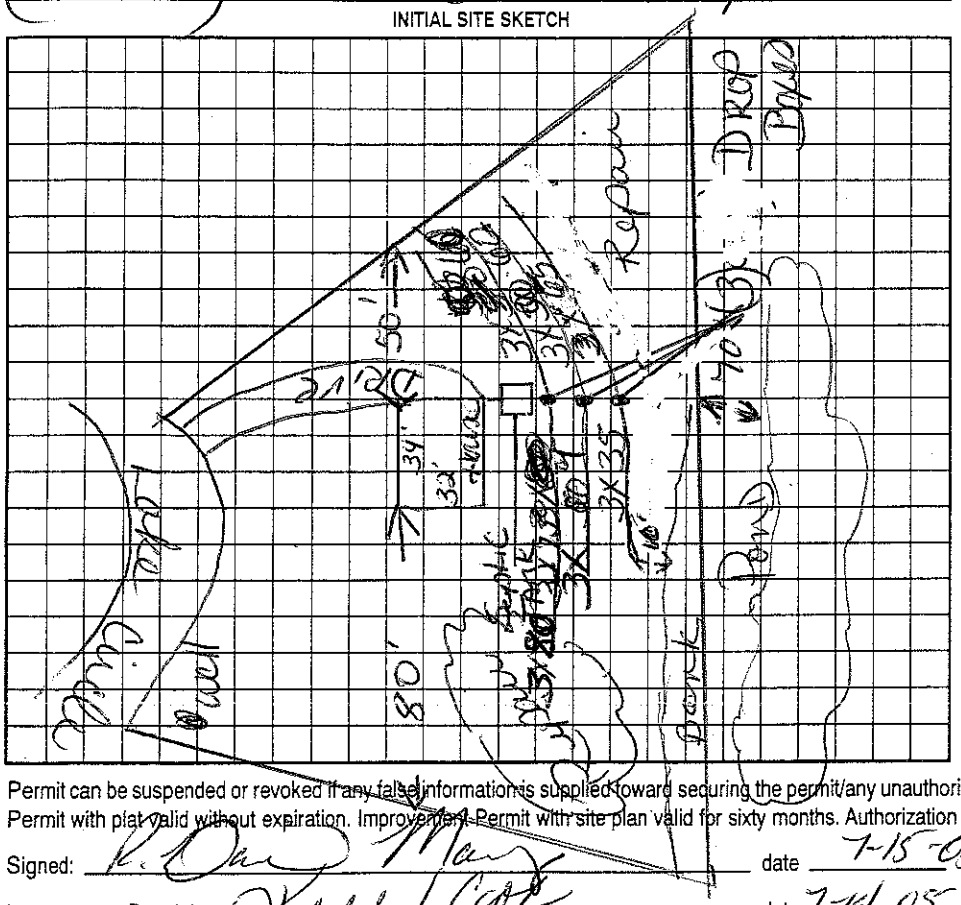
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions: Maintain 100' from well to Septic system - Install on contour. (1" = 60') 36" Trench depth

Comments:/Conditions: Accepted System may also be used.

INITIAL SITE SKETCH



AS BUILT SKETCH

Yellow tuff tube filter installed as installed

Septic tank marker installed

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: K. Owen Mauney date 7-15-05 Installed by: A-1 Backhoe

Improvement Permit by: Kelly Cook date 7-14-05 Operation Permit by: Kelly Cook date 9-2-05

Authorization to Construct by: Kelly Cook date 7-14-05 Existing System Inspection by: _____ date _____

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