IREDELL COUNTY HEALTH DEPARTMENT

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

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

D 2100

PERMIT# 092176 PIN# 4740433770 Z. Banks Brown DATE 12/6/2000

OWNER OR CONTRACTOR Ronald Guill PHONE: Business 881-3515 Home 528-6349

ADDRESS 167 Hicks Creek Rd. Troutman NC 28166

LOCATION Hwy 115 N. TL Flowerhouse TL Clontz Hill ~ 1/2 mile ON right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.24 Acres SITE CLASS. RS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 3-26-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1596 Linear Feet 388 532

No Lines 4 at 133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI 25% Red

System Description: Gravity ~~Conventional~~ Type 3

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

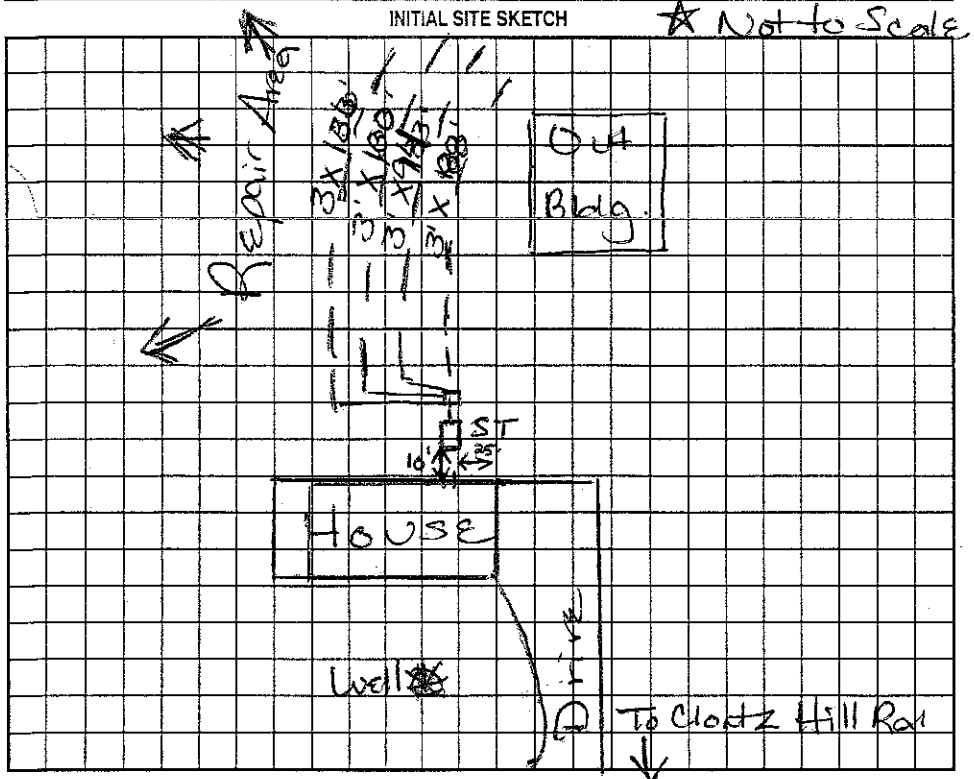
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

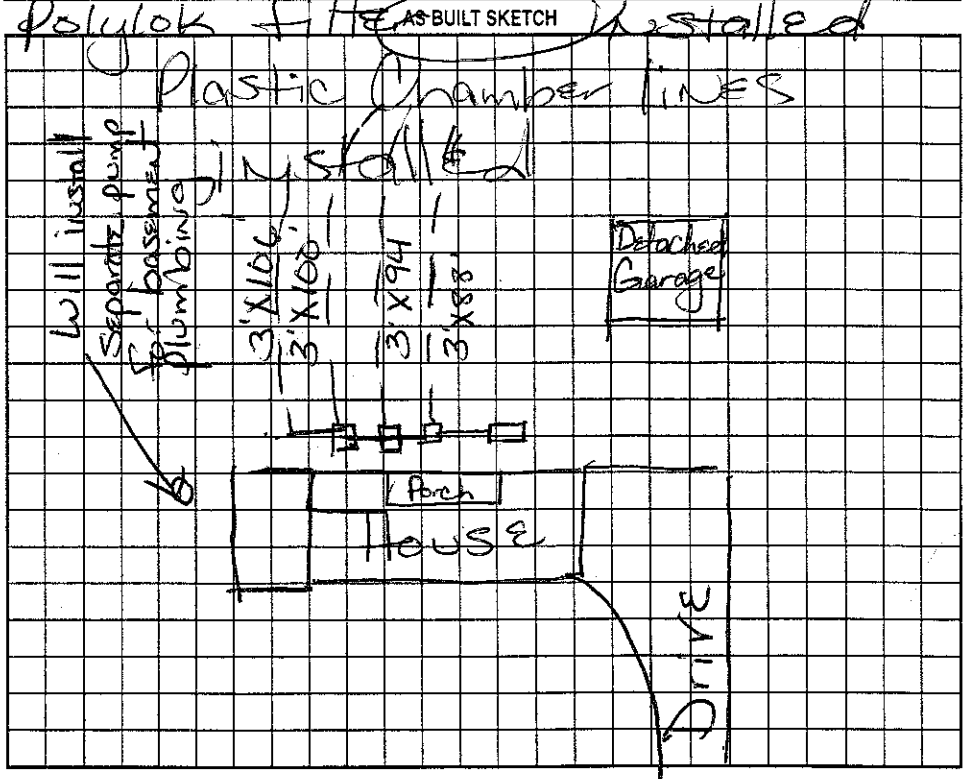
Comments:/Conditions: Note: Septic Tank ~10' From Crawl Space access. Must keep Septic System 15' (Sidegradient) from basement wall.

Comments:/Conditions: * Owner may add bathroom in basement at later date. Will use "grinder pump" or have Septic System permitted for basement plumbing at later date.

INITIAL SITE SKETCH ★ Not to Scale



AS BUILT SKETCH Polylok Fits 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: Z Banks Brown date 12/7/00 Installed by: Wayne Clontz

Improvement Permit by: Maria H. Dotson RS date 12/6/2000 Operation Permit by: Maria H. Dotson RS date 6/22/2001

Authorization to Construct by: Maria H. Dotson RS date 12/6/2000 Existing System Inspection by: _____ date _____

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