IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113913 PIN# ~~4740 44 6588~~ 4740 44 6588 DATE 10/17/03

OWNER OR CONTRACTOR Allen Chamberlin PHONE: Business ____ Home 528-3742

ADDRESS 119 Elder Ln Troutman, NC 28166 / 239 Lipe Rd Troutman, NC

LOCATION Hwy 115 N to Flowerhouse to Lipe Rd on left #239

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA ~1.3 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. ____

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet Existing Linear Feet ____

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing Gravity Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

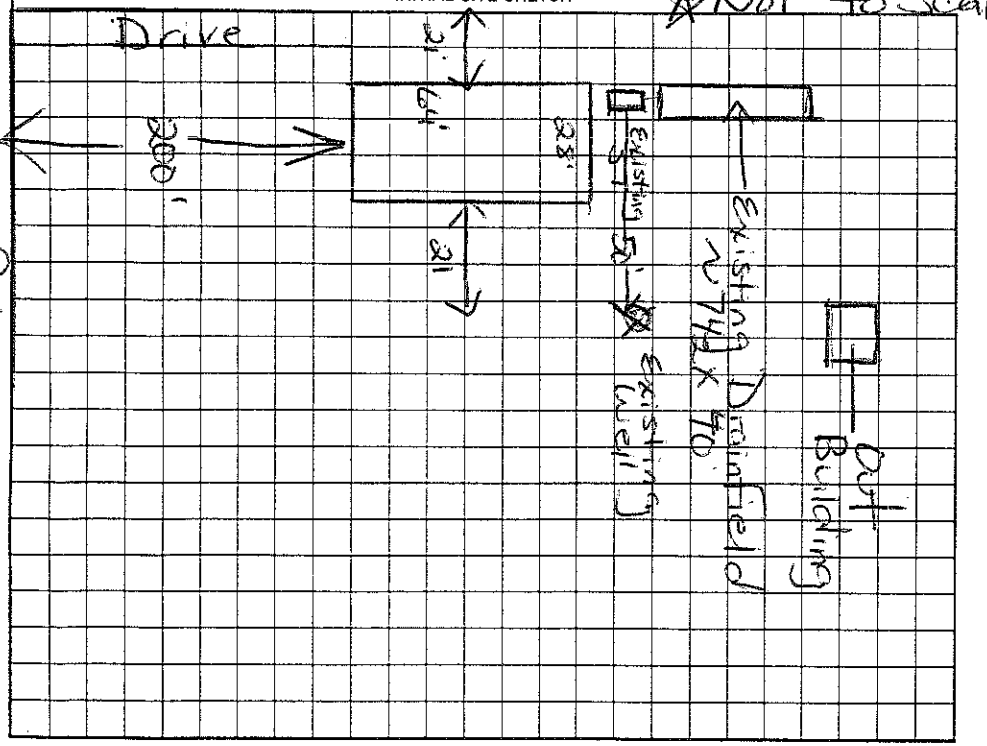
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

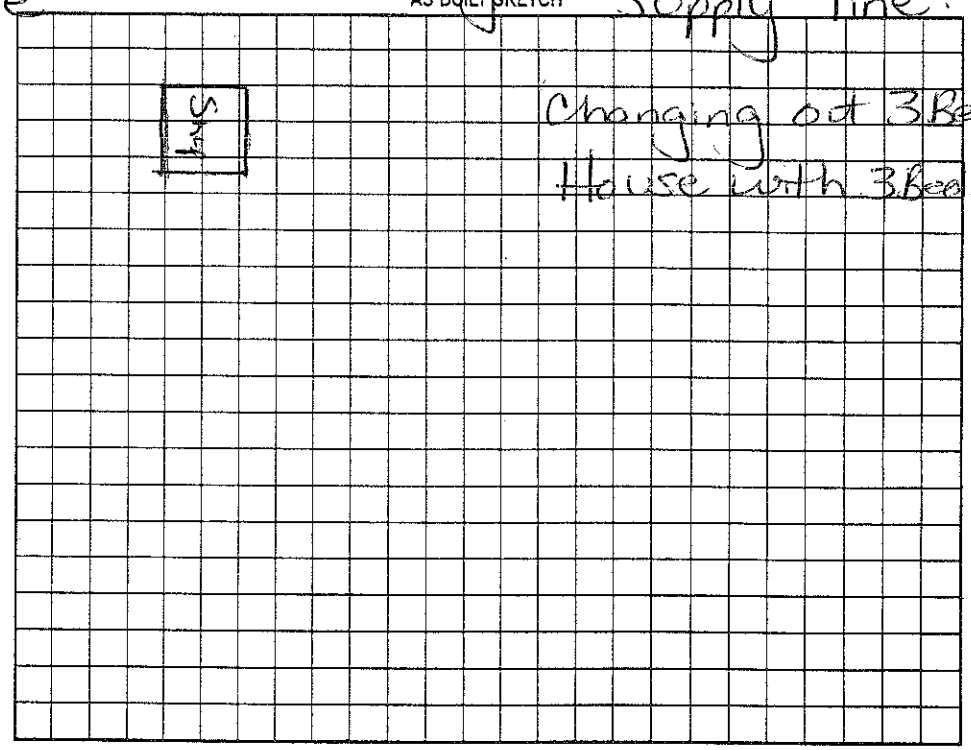
Comments/Conditions: Existing Septic System appears to be Functioning Okay at time of inspection, no problems noticed. However house has not been lived in for several months.

Comments/Conditions: Note: Original Septic System installed in 1965 for John Blansett, advised owner to change out terra cotta Supply line.

INITIAL SITE SKETCH ★Not to Scale



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: Carmel Ann Chamberlin date 10/17/03 Installed by: ____

Improvement Permit by: Myra H. Dotson RS date 10/17/03 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Myra H. Dotson RS date 10/17/03

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