IR___LL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 153060 PIN # 4740509989 DATE 11/5/08

OWNER or APPLICANT Scott Duffy PHONE: Business 937.684.2210 Home: Same

OWNER or APPLICANT ADDRESS 177 Carlyle Rd. Troutman, NC 28166

LOCATION / DIRECTIONS 115 N, TL Flowerhouse, TL Carlyle, on left.

SUBDIVISION Carlyle Farms BLOCK / SECTION 2 LOT # 4 LOT AREA 2.11Ac DESIGN FLOW 600 gpd L.T.A.R. 0.25I, 0.3R

Septic Tank 1500 Gallons: STB 1012 Date 1/27/04

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 600

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: existing 25% gravity (E2 Fb)

Repair System Description: pump 25%

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 5

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

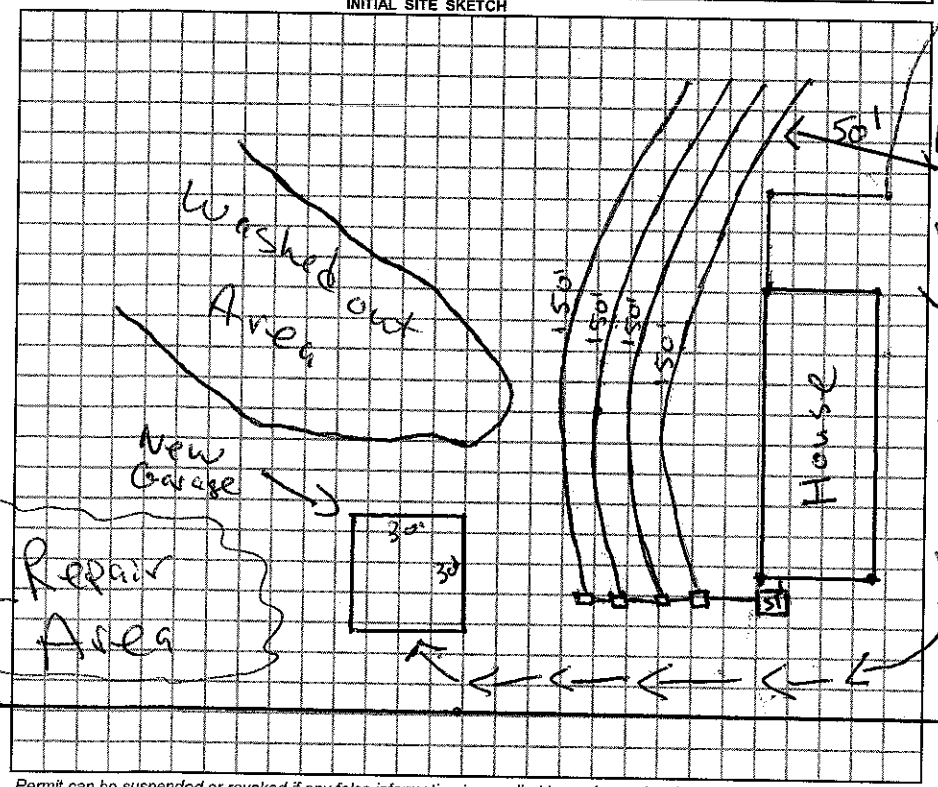
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions * Do not build new drive over septic tank or Drain Lines

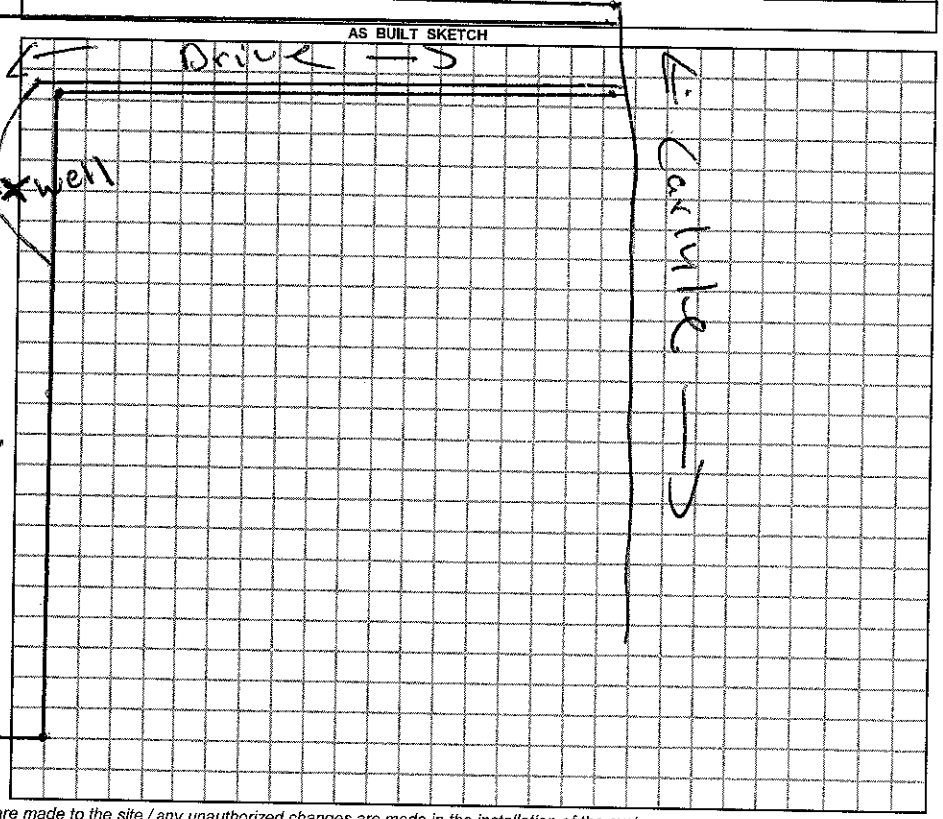
* Keep new Garage out of Repair area

Comments / Conditions * No plumbing in new garage

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Scott Duffy Date 11-6-08

Improvement Permit by: ____ Date ____

Authorzation to Construct by: ____ Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: Raven Mine Date: 11/5/08

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant