IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090064 PIN# 4740-05-2028 4740 64 1762 DATE 1/4/99

OWNER OR CONTRACTOR Dale Nixon PHONE: Business _____ Home 704-642-1697

ADDRESS 164 Lipe Rd, Troutman NC 28166

LOCATION 21N, TL Flower House, TL Lipe, 1/4 mile on Left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 5.3 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1200 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model: Existing Serial No. _____

Nitrification Field: No Fields 1 Square Feet 625 Linear Feet 250

No Lines 3 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: Existing

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

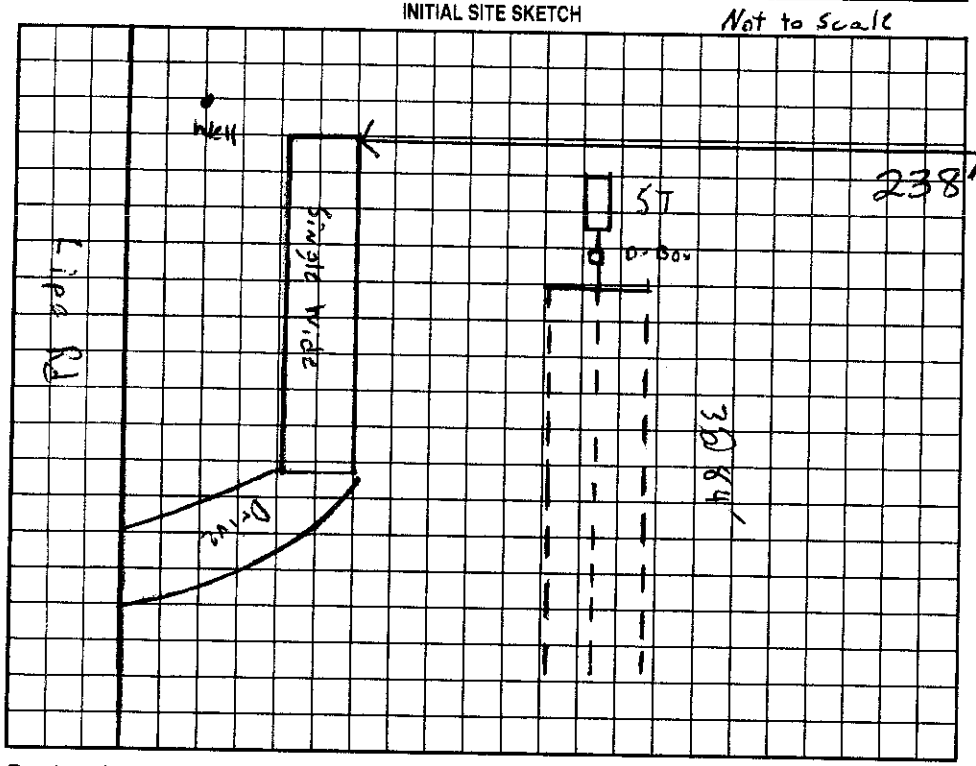
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

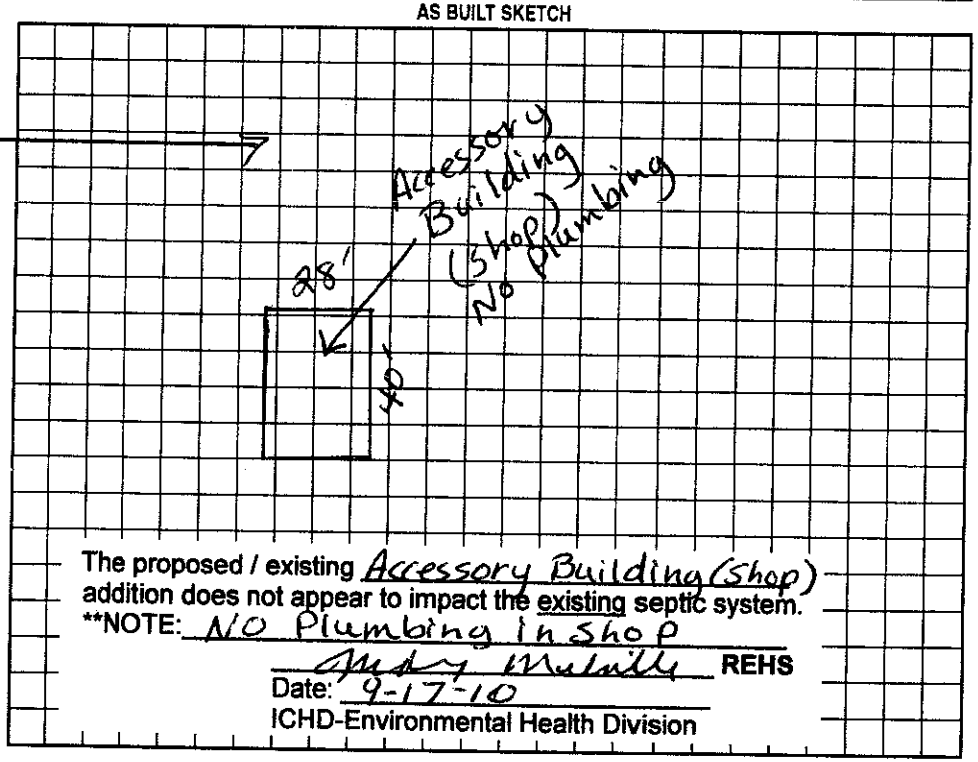
Comments:/Conditions: Addition of Single wide 3 Bed is Adequate for system size. New well needs to be 50' min. from septic

Comments:/Conditions:

INITIAL SITE SKETCH Not to scale



AS BUILT SKETCH



The proposed / existing Accessory Building (Shop) addition does not appear to impact the existing septic system.

**NOTE: N/O Plumbing in Shop

Judy Melville REHS

Date: 9-17-10

ICHD-Environmental Health Division

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 plan 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: Dale Nixon date 4/1/99

Improvement Permit by: Jeff Morgan date 1/4/99

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Jeff Morgan date 1/4/99

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