IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 077176 PIN# 4740 75 1258 DATE 10/14/98

OWNER OR CONTRACTOR Thomas D. Waugh PHONE: Business _____ Home 528-4022

ADDRESS 128 Lipe Rd. Troutman NC. 28166

LOCATION 115-21 N, TL 2ND Flowerhouse Loop TR Lipe Rd. to #129 on (R)

SUBDIVISION NO BLOCK / SECTION _____ LOT NO LOT AREA ~5.9 Ac SITE CLASS. RS DESIGN FLOW 360 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 SYSTEM

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

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

System Description: EXISTING 360

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

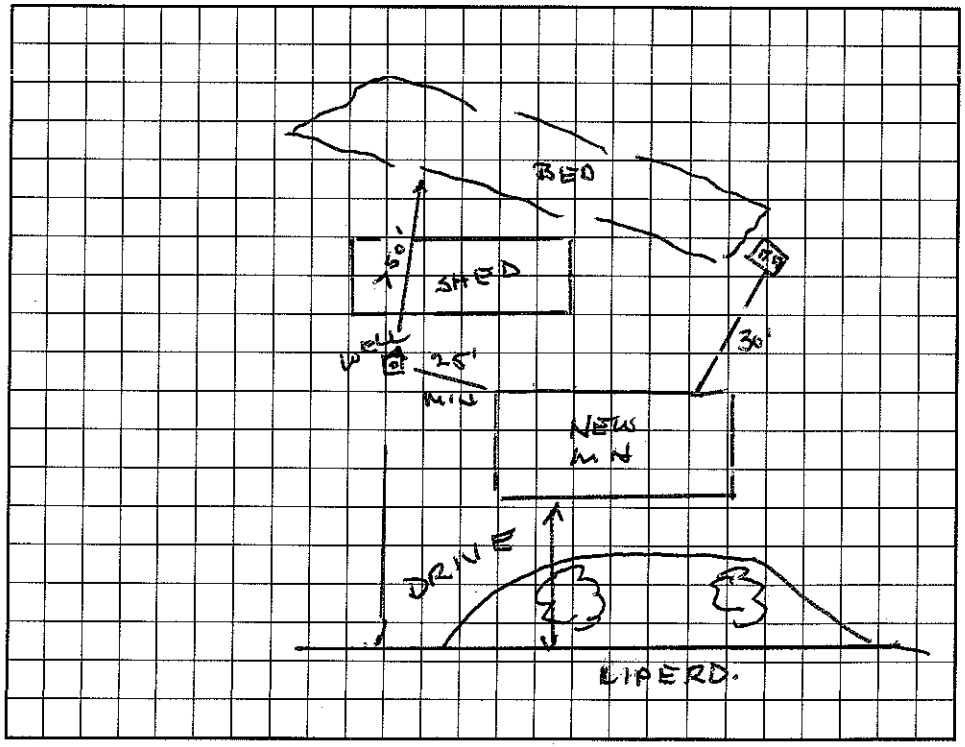
Comments:/Conditions:

Comments:/Conditions:

No evidence of malfunction found.

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Wesley Sparks RS date 10/14/98

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone No. 664-5281

PERMIT TO INSTALL SEPTIC TANK

Permit No._____ Permit Date _____ 19__

Owner [illegible] Address [illegible]

Installed By [illegible] Address [illegible]

Location of Property [illegible]

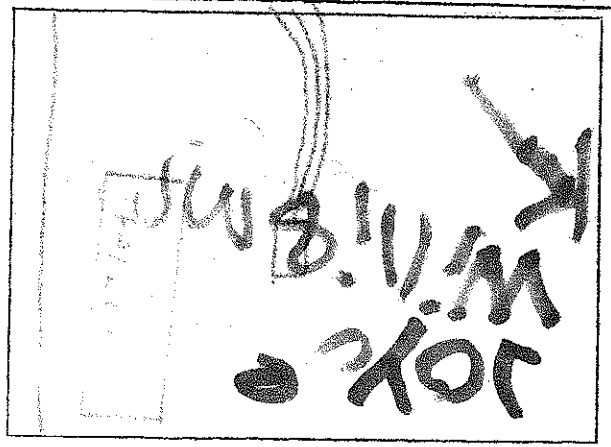
Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	( )	225'	( )	No. of Baths	( )
Precast	( )	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other_____		Garbage Grdr.	( )
		Other_____				Other_____	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection _____ 19__ Approved ( ) Disapproved ( )

Remarks _____

Other installation for 1 trailer only



Sketch of Installation

E. A. Stevenson

Sanitarian