IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215147

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

PIN # 4741-13-7641

APPLICANT: Debra Orders APPLICANT ADDRESS: 124 Pine State Rd. Troutman, NC

SITE ADDRESS: 124 Pine State Rd. Troutman, NC PHONE: 704-929-4775 ALT. PHONE:

SITE DIRECTIONS: Rt. 21 North from Mooresville, Pass I-77, Turn Left onto Pine State Rd., House on Right

SUBDIVISION: SECTION: — LOT # — LOT AREA: DESIGN FLOW: 360 gal/day L.T.A.R.: Existing

Septic Tank 1000 (gal) STB GSTR-160 Date 9-18-15
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields 1 # Lines 3 Linear Ft: 250
Trench Width Existing Max. Trench Bottom Depth Existing Gravel Depth Existing

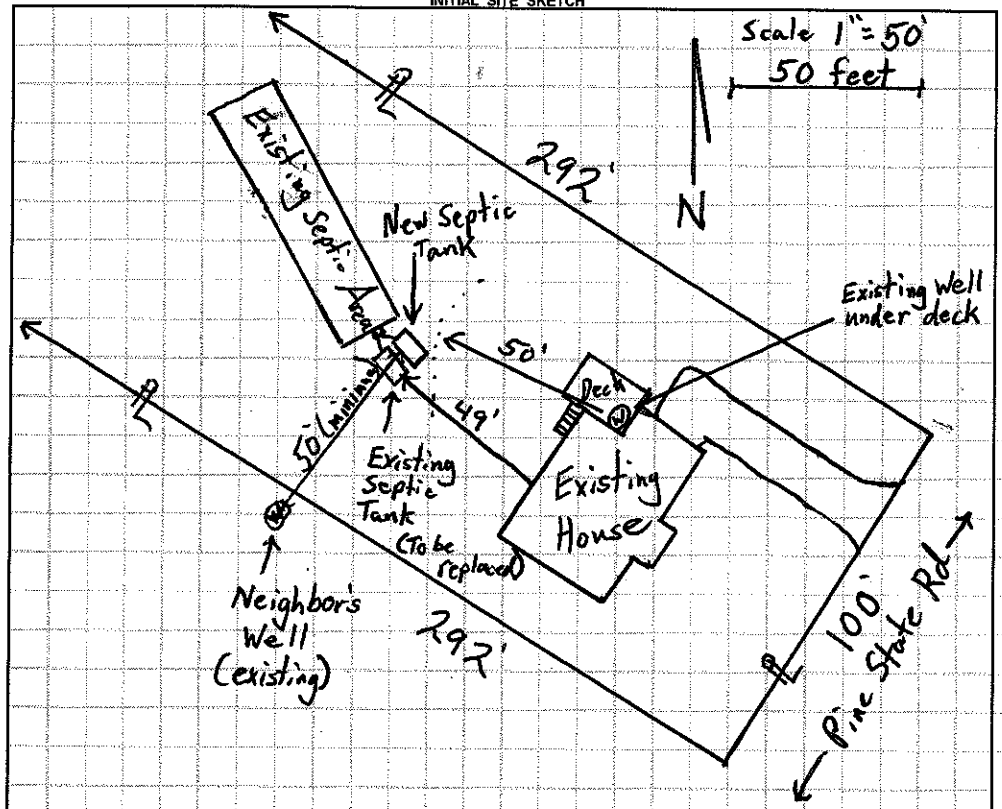
☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Existing - Conventional w/ Parallel Distribution
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing
No. Bedrooms 3 No. Persons — No. Employees — ☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing tank must be pumped, crushed and filled. New septic tank must be installed at least 50 feet from existing wells (see drawing). If during the repair process the distribution box is uncovered and found to be in a state of degredation, replace box as needed. Follow all N.C. septic rules. Recommend pumping new septic tank every 3-5 years. It appears some fill has been placed atop the drainfield area. It is unknown what impact this has had on the system. Recommend removal.

INITIAL SITE SKETCH



AS BUILT SKETCH

12-21-15
Gainwell Septic (Lenoir)
9' of House sewer line replaced w/ SCH 40 4" cellular core PVC

Exit pipe → Gravel Bed (no D-Box)
Red polylok & Sock filter in black housing

Installed Approx Location per permit drawing.

Existing tank Crushed In place

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Date: 12/14/15 Installed by: Kevin D Bowles

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/11/15 OPERATION PERMIT by: Tom Shuck Date: 12-21-15

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/11/15 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK