IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207671

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

PIN # 4741235495

APPLICANT: Robert + Lauri Tallman APPLICANT ADDRESS: 472 South Main St Troutman NC

SITE ADDRESS: 472 South Main St Troutman NC PHONE: 704-528-4841 ALT. PHONE: N/A

SITE DIRECTIONS: S from Troutman on Hwy 21 Lot on right past Aberdeen Dr.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 5.02ac DESIGN FLOW: 360 L.T.A.R.: 03

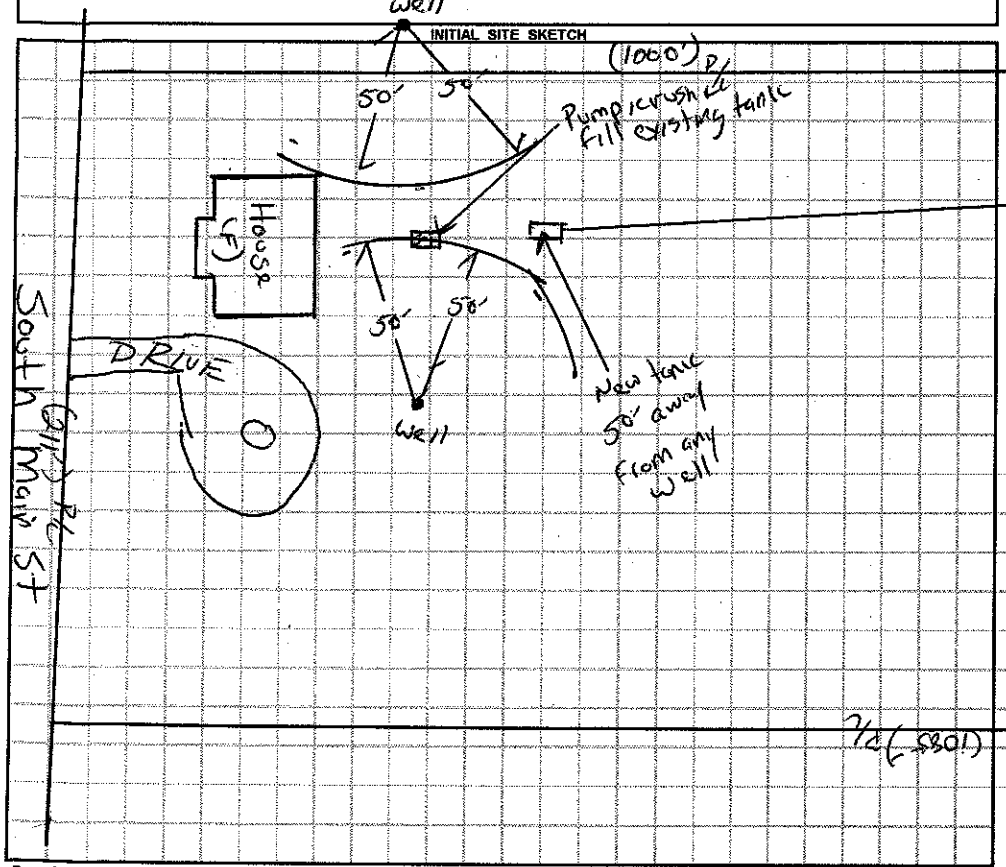
Septic Tank	1000 (gal)	STB	794	Date	5-6-15	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make	N/A	Model	Pol/106	Serial #	PL-68	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	314	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	24"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

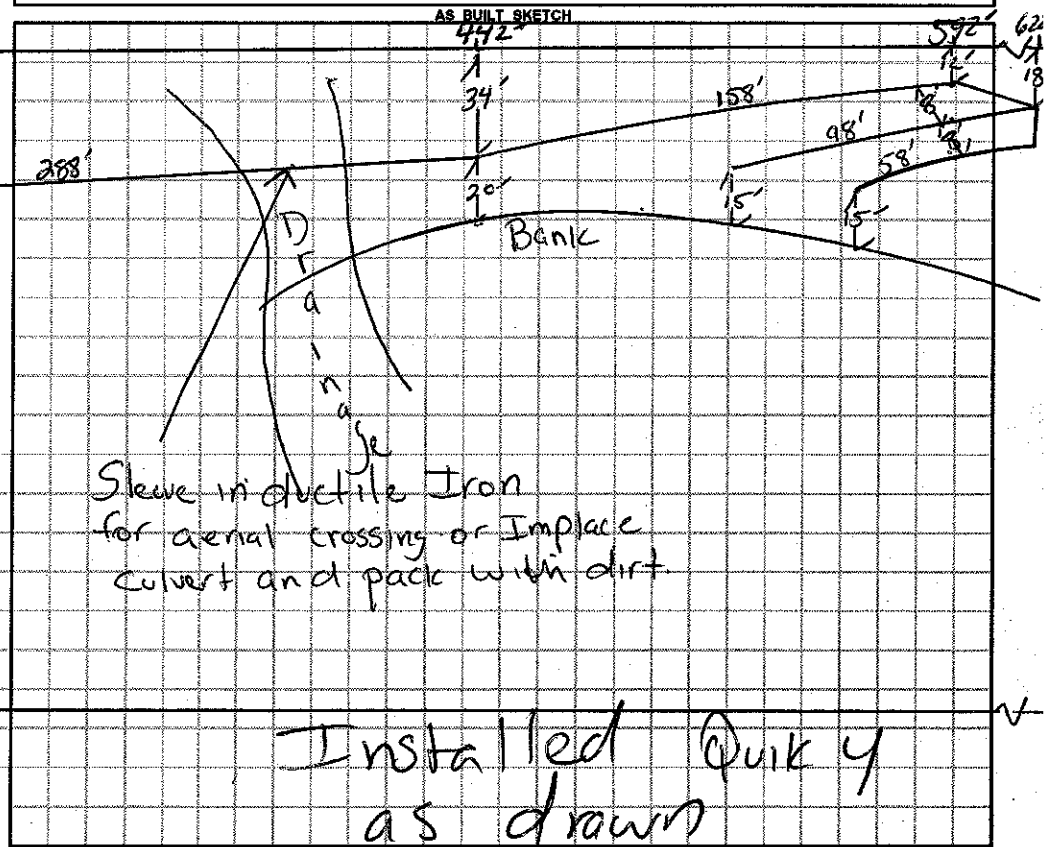
Comments / Conditions: Install 25% reduction on contour with Serial distribution. Pump/crush + fill existing tank.

1"=60

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. **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: Robert D. Tallman Date: 03/16/15 Installed by: T J Fruin

IMPROVEMENT PERMIT by: Date: 03/04/15 OPERATION PERMIT by: Date: 06/12/15

AUTHORIZATION TO CONSTRUCT by: Date: 03/04/15 Existing System Inspected by: Date:

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