IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210135

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

PIN # 474/238783

APPLICANT: Russell Williams APPLICANT ADDRESS: 4714 Rocking House Dr Maiden NC

SITE ADDRESS: 475 S. Main St Troutman NC PHONE: 980-429-155 ALT. PHONE: 704-377-8764

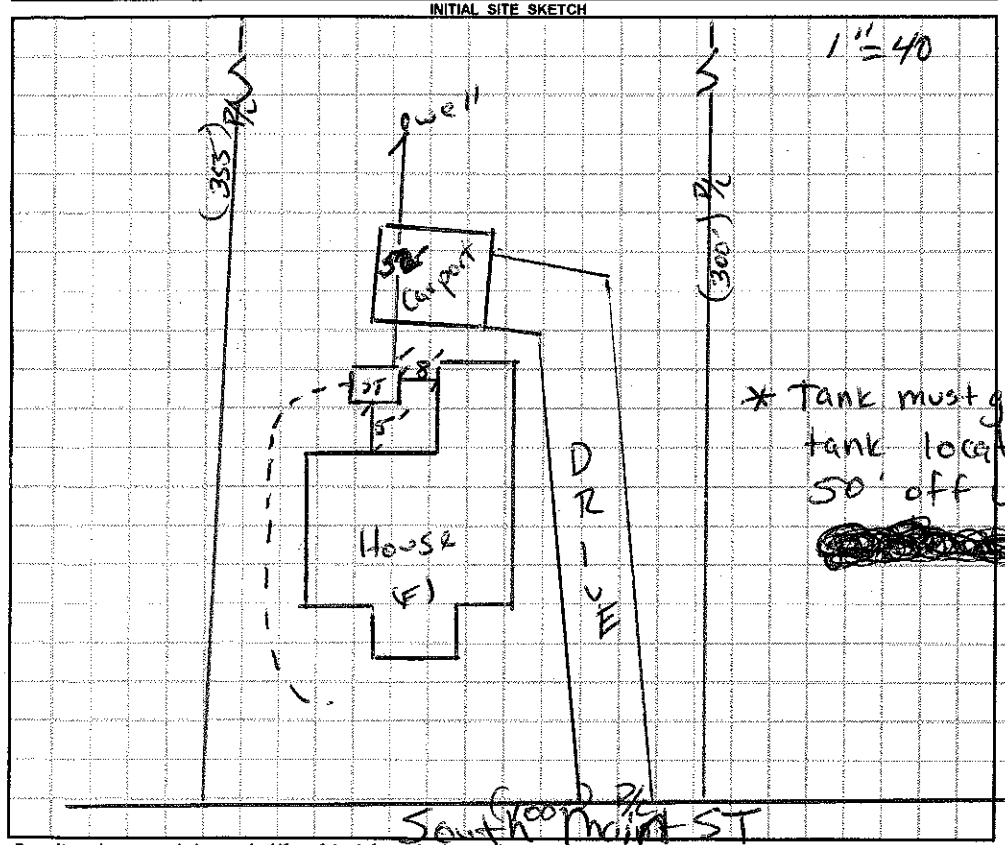
SITE DIRECTIONS: 21/115 S Property on left

SUBDIVISION: FT Loftin Land SECTION: N/A LOT # 40-43r LOT AREA: 0.7ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1050 (gal)	STB 2054	Date N/A	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms Ex	Water Supply
Pump Tank	N/A (gal)	PT N/A	Date N/A	System Description: Tank				☐ Business	No. Persons Ex	☒ Private
Pump Make	N/A	Model Polylok	Serial # PL-68	Repair System Description:				☐ Other	No. Employees	☐ Public
# Nitrification Fields	Ex	# Lines Ex	Linear Ft: Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	Ex	Max. Trench Bottom Depth Ex	Gravel Depth Ex		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: The purpose of this permit is to replace Ex caved in septic tank

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Infiltrator tank as drawn

* Tank must go in existing tank location 5' off foundation & 50' off well.

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: Installed by: Russell Williams

IMPROVEMENT PERMIT by: Date: 05/07/15 OPERATION PERMIT by: Date: 05/28/15

AUTHORIZATION TO CONSTRUCT by: Date: 05/07/15 Existing System Inspected by: Date:

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