IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # REPAIR PIN # 4741-24-4005 DATE APRIL 22, 2010

OWNER or APPLICANT ROBERT MONTGOMERY PHONE: Business Home: 704-528-4039

OWNER or APPLICANT ADDRESS 449 S. MAIN ST., TROUTMAN, NC 28166

LOCATION / DIRECTIONS US 21 SOUTH THROUGH TROUTMAN, HOUSE ON LEFT AT BOX # 449

SUBDIVISION LOFTIN BLOCK / SECTION LOT # 18-20' LOT AREA 75'x337' DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank EXISTING Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 2 Linear Feet 72'

Trench Width 36" Max. Trench Bottom Depth 54" +/- Gravel Depth 30"

☐ New System ☑ Repair ☐ Expansion System Type (II) III IV V VI

System Description:

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

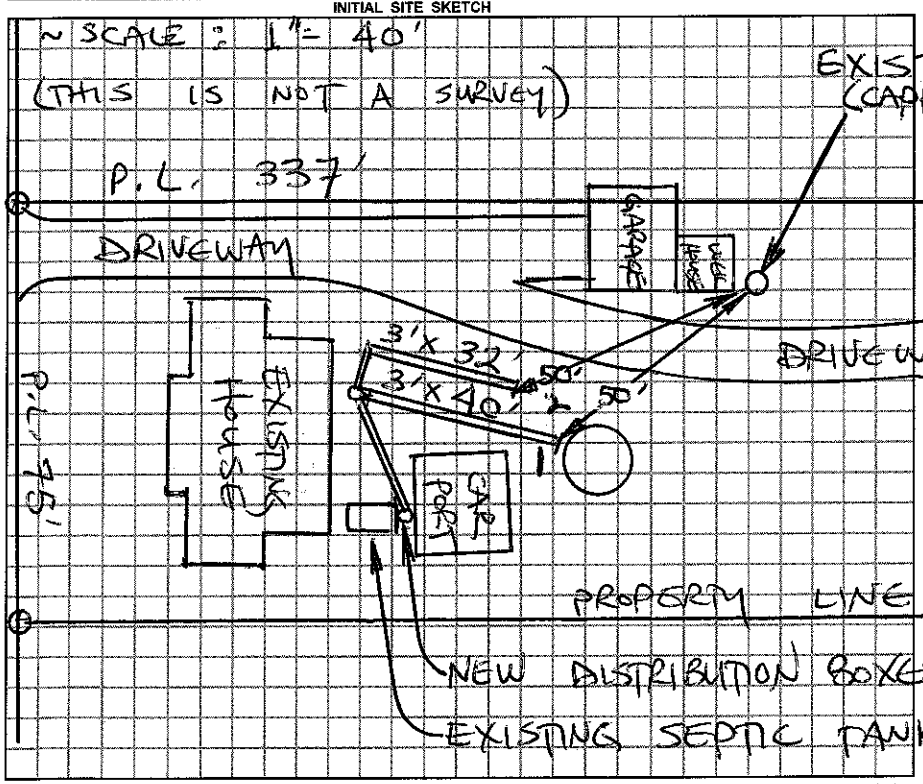
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private (3 well) ☐ Public ☐ Community

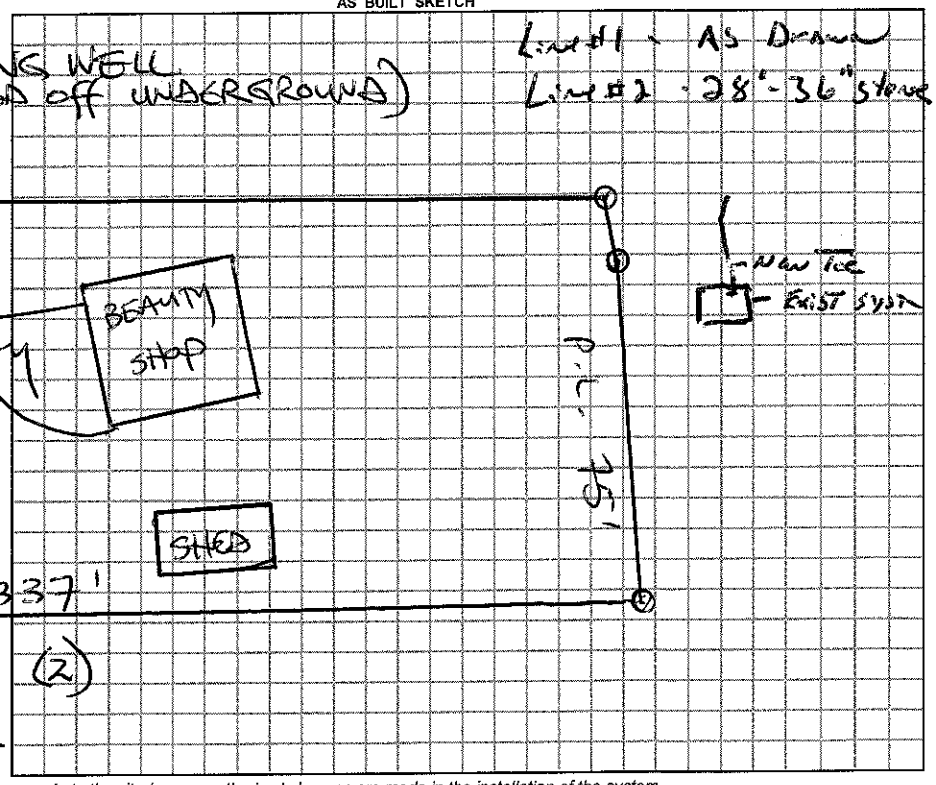
Comments / Conditions: INSTALL TRENCHES AS SHOWN USING 30 INCHES STONE, MINIMUM 50' FROM WELL

Comments / Conditions

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.

☐ IMPROVEMENT PERMIT w / plat valid without expiration. ☑ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: x Robert Montgomery Date 4.22.10

Improvement Permit by: STEVE HEDRICK Date 4-22-10

Authorzation to Construct by: STEVE HEDRICK Date 4-22-10

Installed by: A-1 Backhoe

Operation Permit by: [signature], R.S. Date: 29 April 10

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant