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# 4741251619 DATE 7-9-04

OWNER OR CONTRACTOR ALAINA WELLS PHONE: Business 704-239-1291 / 704 978 2806 Home 704 528 9744

ADDRESS 419 PERRY ROAD TROUTMAN, N.C. 28166

LOCATION 21 SOUTH @ PERRY 2ND HOUSE ON LEFT PAST CIRCLE

SUBDIVISION ✓ BLOCK / SECTION ____ LOT ____ LOT AREA 100'x385' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .13

Septic Tank: EXIST TNK Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4x100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☒ Repair System Type: I II III IV V VI

System Description: CONV 60%

Repair System Description: MAX EMS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

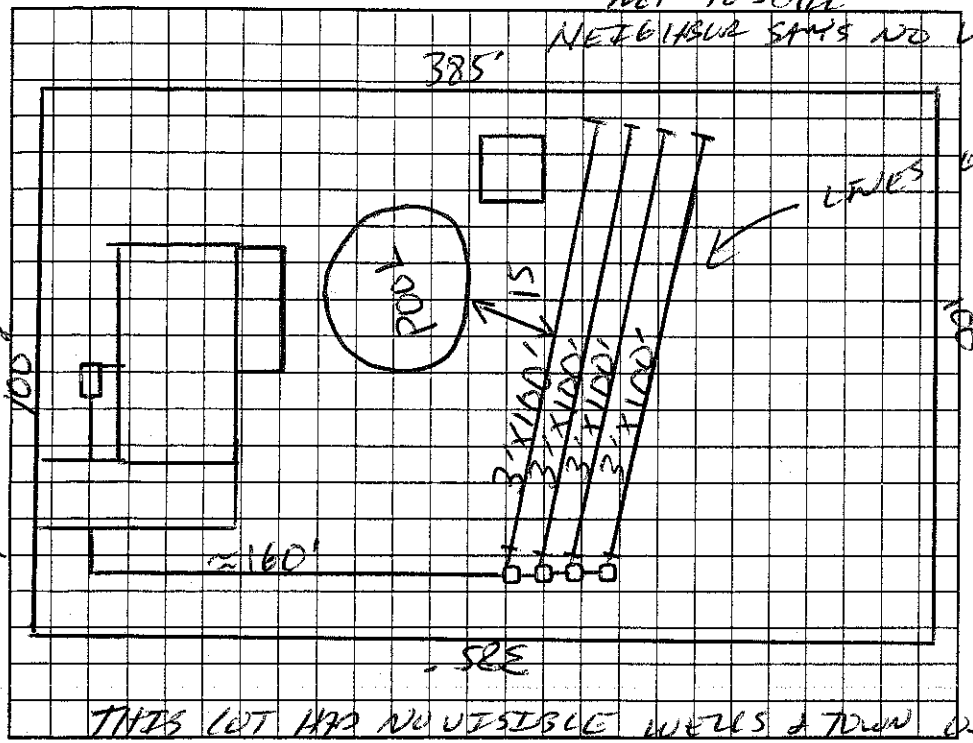
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) INSTALL LINES ON CONTOURS (2) MAINTAIN SETBACKS

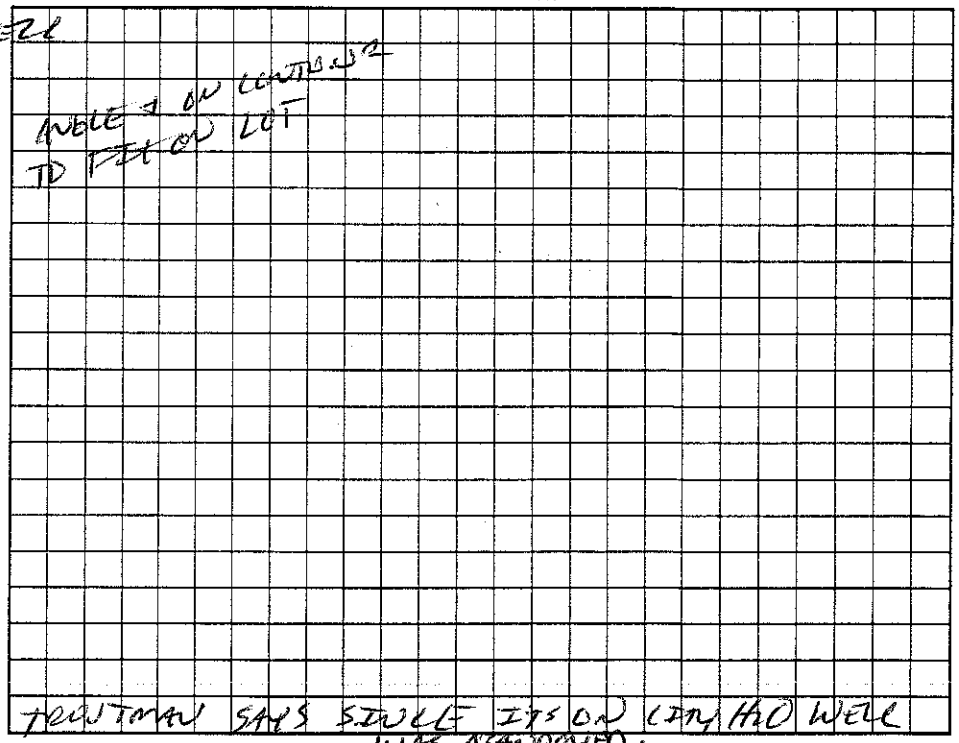
Comments:/Conditions:

INITIAL SITE SKETCH NOT TO SCALE



THIS LOT HAS NO VISIBLE WELLS & DOWN DI

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 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: William R Wells date 7-9-04

Improvement Permit by: [signature] date 7-9-04

Authorization to Construct by: [signature] date 7-9-04

Installed by: STEVE DOWN

Operation Permit by: [signature] date 7-9-04

Existing System Inspection by: ____ date ____

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