IREDELL COUNTY HEALTH DEPARTMENT

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

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

13,257

PERMIT# 23-P-10-04 PIN# 4741307806 DATE 8-25-05

OWNER OR CONTRACTOR JAMES TROUTMAN PHONE: Business 704-929-0076 Home

ADDRESS 34330 WALLACE SPRINGS RD Statesville NC 28677

LOCATION 21S @ BYERS LOT # 34 on RT

SUBDIVISION JACOBS WOODS BLOCK / SECTION II LOT 34 LOT AREA 0.77AC SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 1012 Date 9-7-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet E.O.=1600' Linear Feet 400'
No Lines 5x80' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I (II) III IV, V, VI
System Description: GRAV 2540 REDUCT
Repair System Description: LP 504 1700 sq ft
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

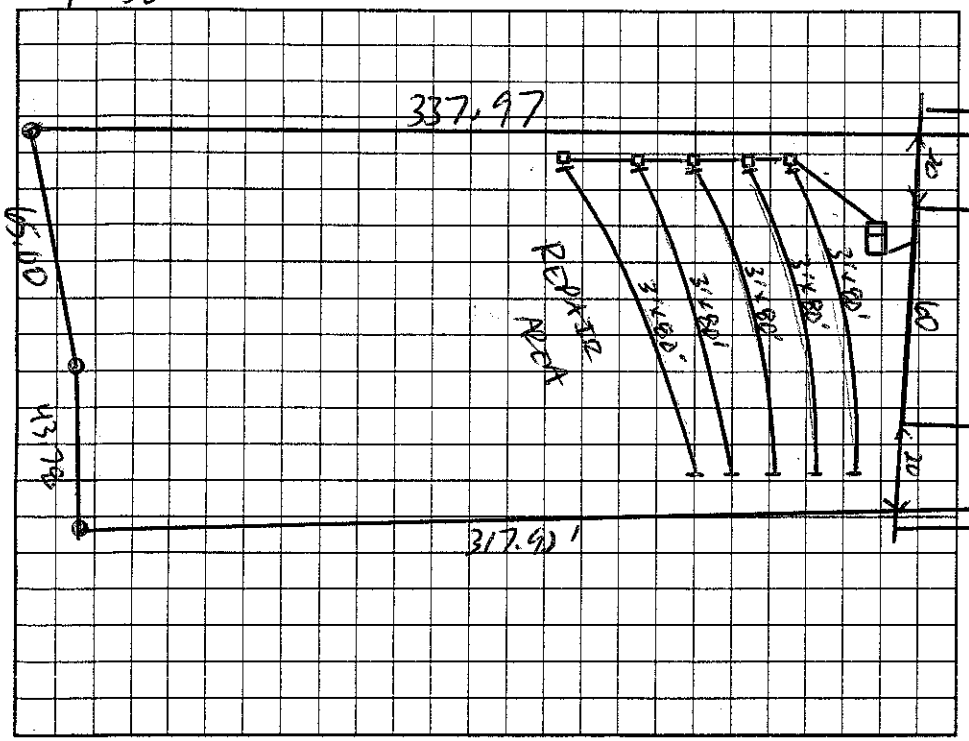
Comments:/Conditions: ① INSTALL LINES ON CONTOURS & MAINTAIN SETBACKS ② String P/L BY INSTALLATIONS, LOT IS very tight on space

Comments:/Conditions: ① Approved 44'x34' 4 BEDROOM HOUSEPLAN ON 2-24-06; Keep FILL TO TANK & MAINTAIN SETBACKS

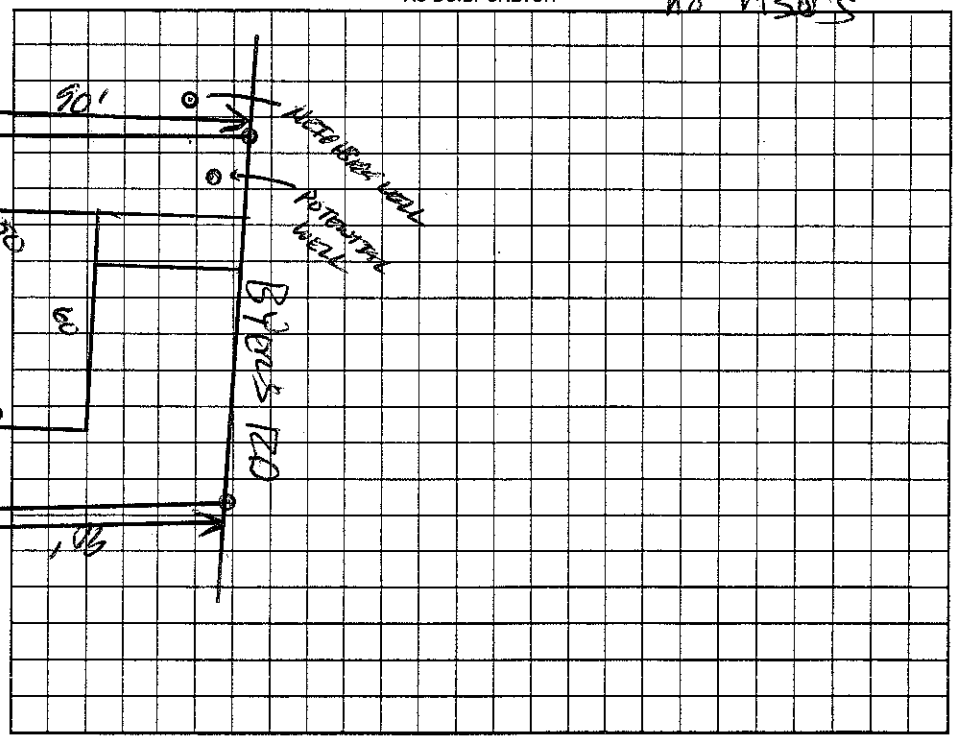
Yellow Filter ST marker no risers

1"=50'

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 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: James A Troutman date 8-8-'05 Installed by: A-1 Backhoe

Improvement Permit by: [signature] date 8-25-05 Operation Permit by: [signature] date 5-4-06

Authorization to Construct by: [signature] date 2-24-06 Existing System Inspection by: _____ date _____

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