IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114584 PIN# 4741-82-5351

OWNER OR CONTRACTOR IVAN COWAN DATE 5-19-05

ADDRESS 839 PERRY RD TROUTMAN, NC 28166 PHONE: Business 1-888-929-7064 Pager Home 704-528-6302 / 704-528-4083

LOCATION 21 SOUTH (L) OSTWALT AMITY (L) PERRY 0.4 mile on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.54 AC SITE CLASS. AS DESIGN FLOW 480 L.T.A.R. 0.30

Septic Tank: 1000 Gallons; STB 1012 Date 11-4-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600/400 Linear Feet 400'

No Lines 5/80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 600 25% REDUCT

Repair System Description: LP 50% REDUCT

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

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

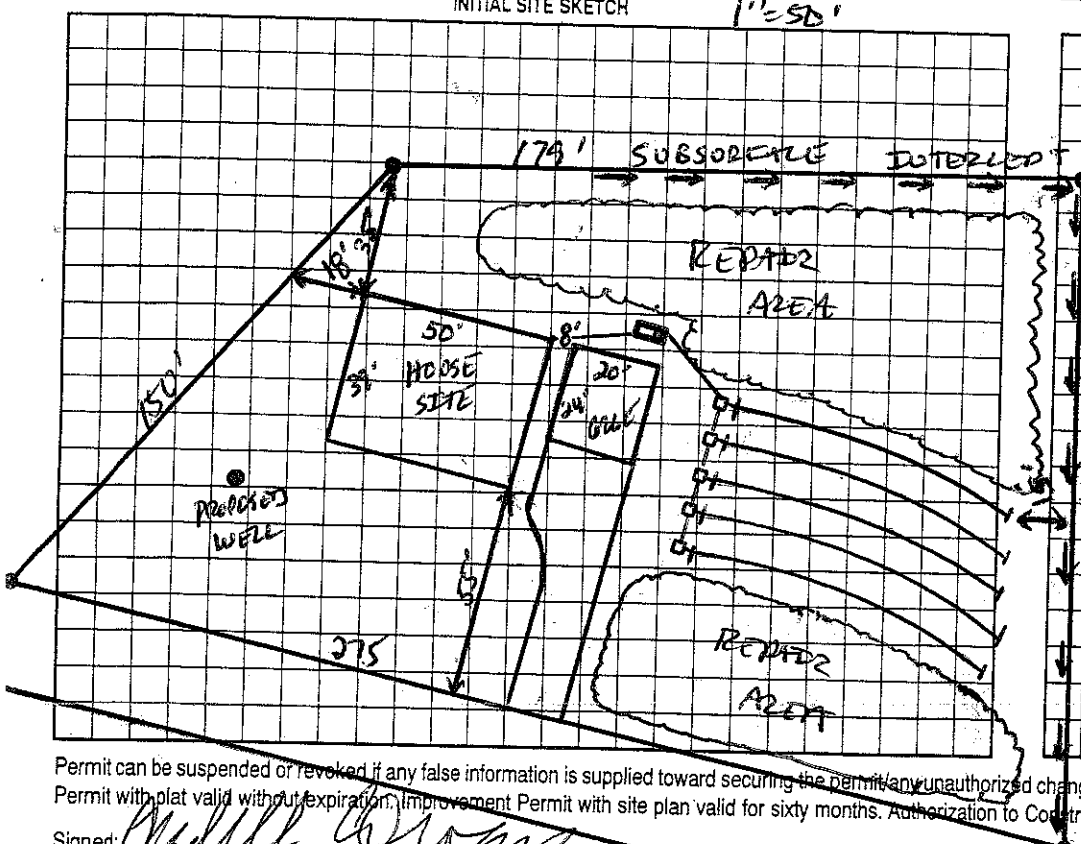
Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: ① KEEP STUBOUT HIGH ENOUGH TO KEEP FILL TO TANK ② MAINTAIN SETBACKS & INSTALL LINES ON CONTOURS. ③ FOLLOW PROPER PROCEDURES ON REDUCT DRAIN INSTALLATION

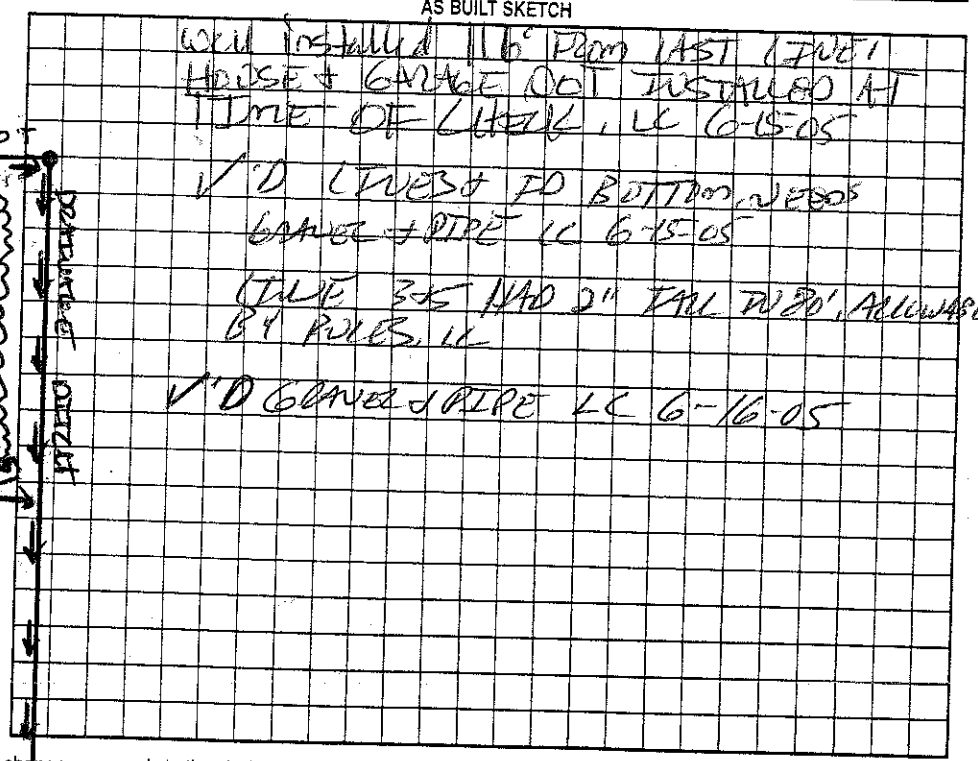
Comments:/Conditions: SYSTEM SIZED FOR 4 BEDROOM HOUSE. ONLY POTTING ON A 3 BEDROOM.

TOFFTIRE FIELD MARKER

INITIAL SITE SKETCH 1"=50'



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: _____ date _____ Installed by: A-1 BACKHOE

Improvement Permit by: _____ date 5-19-05 Operation Permit by: _____ date 6/16/05

Authorization to Construct by: _____ date 5/19/05 Existing System Inspection by: _____ date _____

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