IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088625 PIN# 4750 18 2507 DATE 4/3/00

OWNER OR CONTRACTOR Myrtice Clark PHONE: Business _____ Home 528-0908

ADDRESS 265 Summertree Dr. Troutman, NC 28166

LOCATION Oswalt Amity Rd TR Franklin Woods TR Summertree at end

SUBDIVISION Summertree BLOCK / SECTION _____ LOT 23 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: Existing Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 3

No Lines 3-4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Existing Gravity-Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

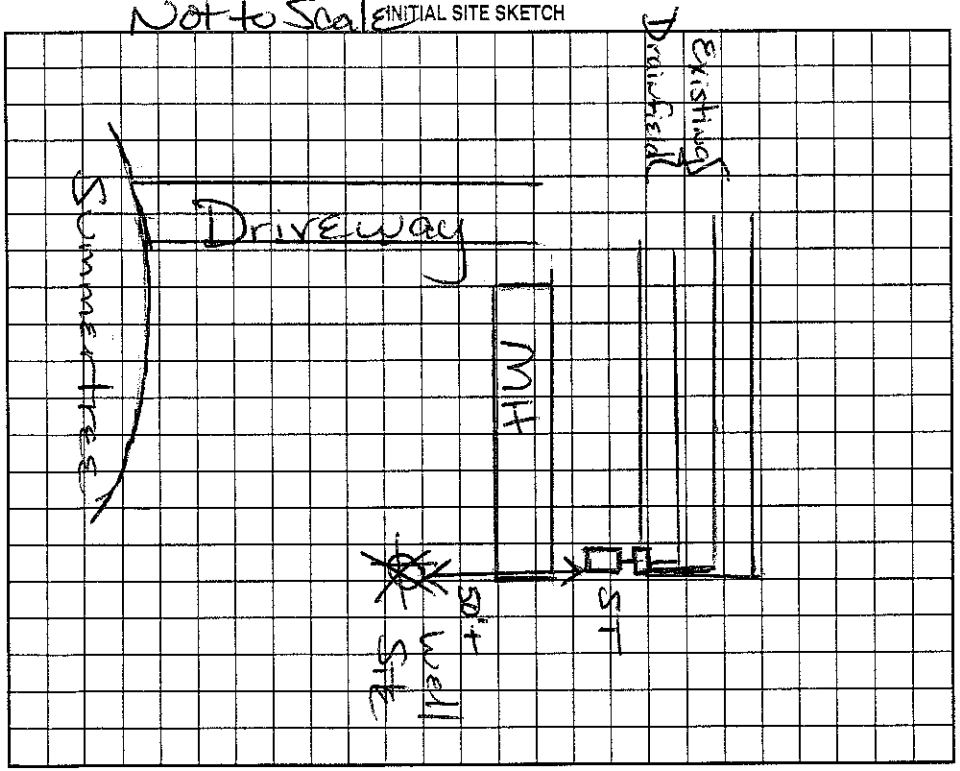
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

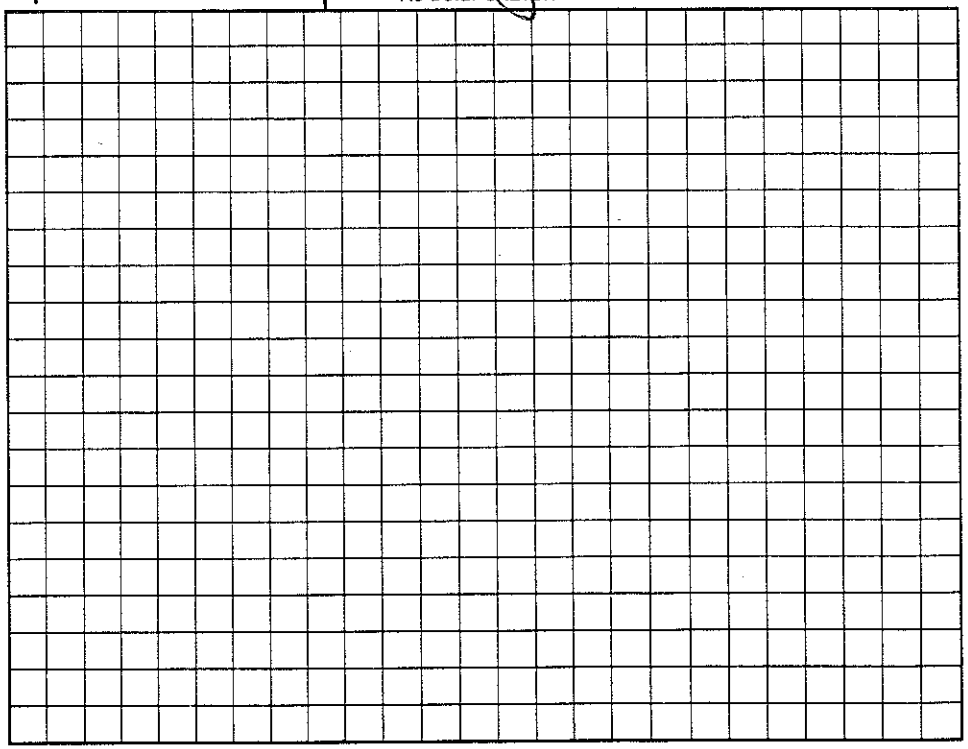
Comments:/Conditions: Existing Septic System appears to be functioning okay at this time of inspection. No problems noticed

Comments:/Conditions: Replacing 3 Bdrm MH with 3 Bedroom MH. * Keep new MH at least 5' from any part of Septic System.

Not to Scale 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: X Myrtice Ann Clark date _____

Improvement Permit by: Myra H. Dotson RS date 4/3/00

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Myra H. Dotson RS date 4/3/00

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