IREDELL COUNTY HEALTH DEPARTMENT

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

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

(9:15) (AM ~~cancel~~)

PERMIT# 079252 PIN# ~~4750370976~~ 4750 27 9902 DATE 3/16/99

OWNER OR CONTRACTOR Robin Arthurs PHONE: Business _____ Home 704-528-5216

ADDRESS 230 Dunwoody Rd. Troutman NC 28166

LOCATION 115N, TR Houston, TL Dunwoody, at end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.75 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date ~~10/98~~ 3/16/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 6@80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity/Conv.

Repair System Description: Chamber/Panel

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:

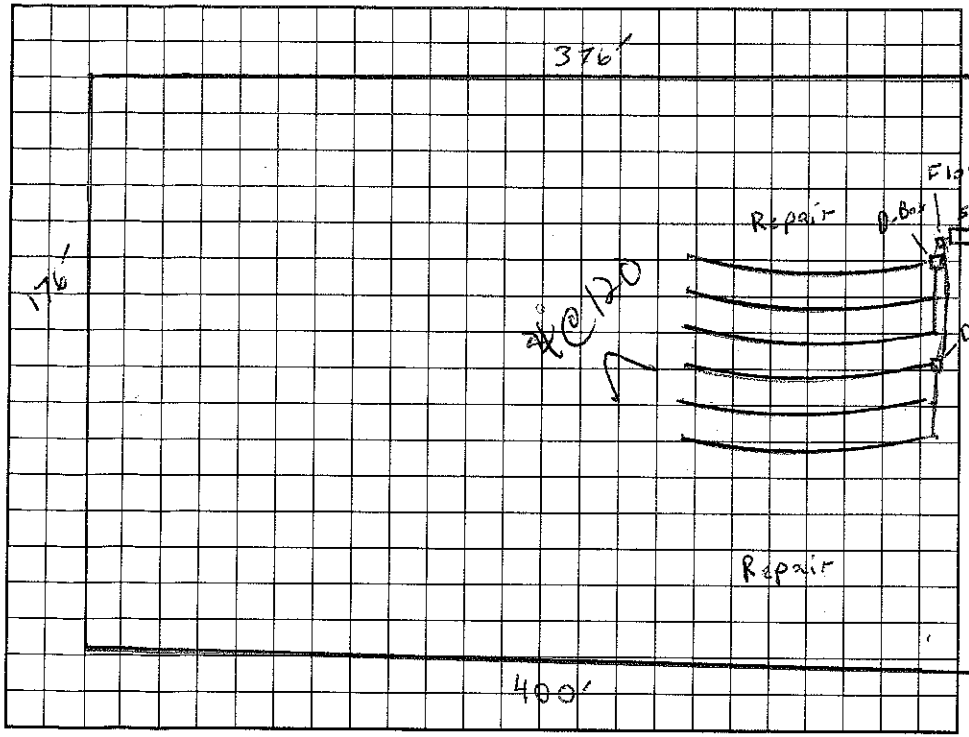
Keep septic 10' off PL & 5' off House

Install lines on contour

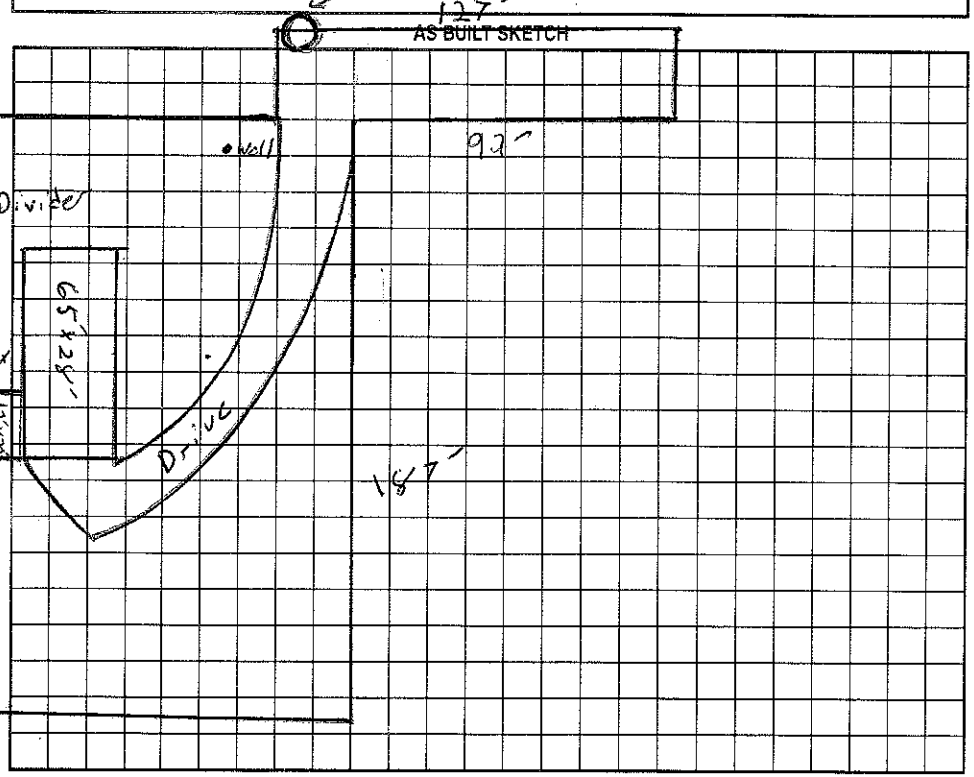
Keep well 50' min. off septic.

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1=60'



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 M Arthurs date 3-17-99 Installed by: A1 Backhoe

Improvement Permit by: Jeff Morgan date 3/16/99 Operation Permit by: C date 6/29/99

Authorization to Construct by: Jeff Morgan date 3/16/99 Existing System Inspection by: _____ date _____

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