IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# N/A PIN# 4750673994 DATE 9/19/08

OWNER OR APPLICANT Donnie Overcash PHONE: Business 528 4089 Home Larry Beam 634-5246

ADDRESS 201 Kendall Rd Troutman, NC 28166

LOCATION US 21/Hwy 115 TR Oswalt Amity Rd TR Overcash Rd TR Kendall Rd ~ 1/4 mile at end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Acreage SITE CLASS. PS DESIGN FLOW 360A L.T.A.R. .25-.3

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT 27 Date 6-25-08

Pump Make: Gould's Model WE0311M Serial No 13H1

Nitrification Field: No Fields 1 Square Feet Existing 1600 Linear Feet 533

No Lines 6 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12" ☐ Gravity ☒ Pressure

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

System Description: Grav. Conventional

Repair System Description: Pump - Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

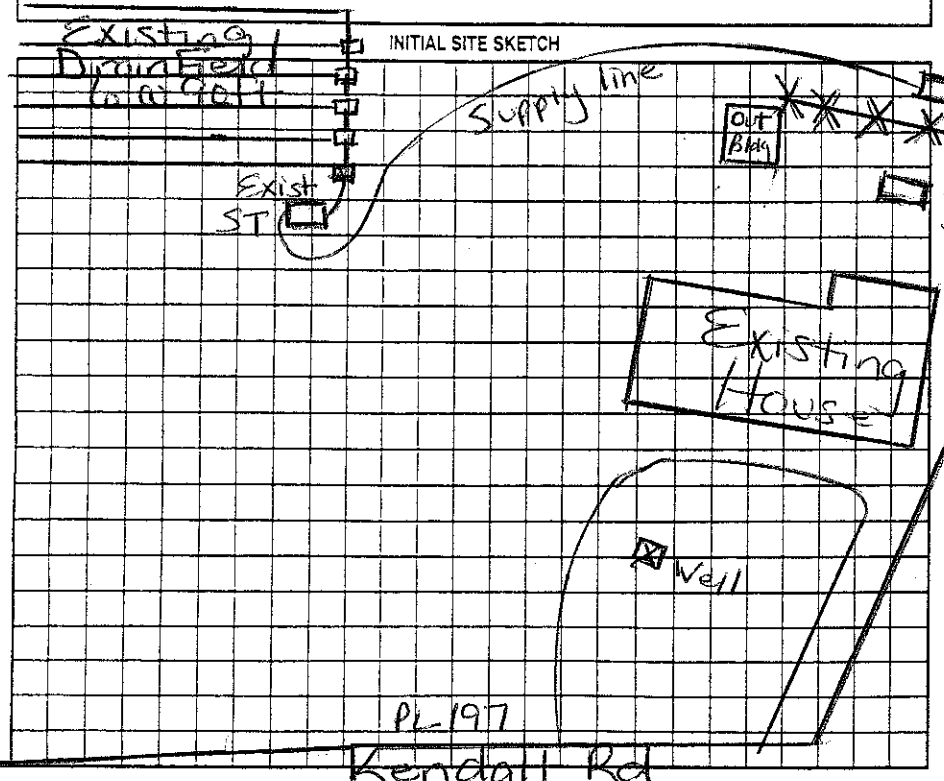
Water Supply: ☐ Individual ☐ Public ☐ Community

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

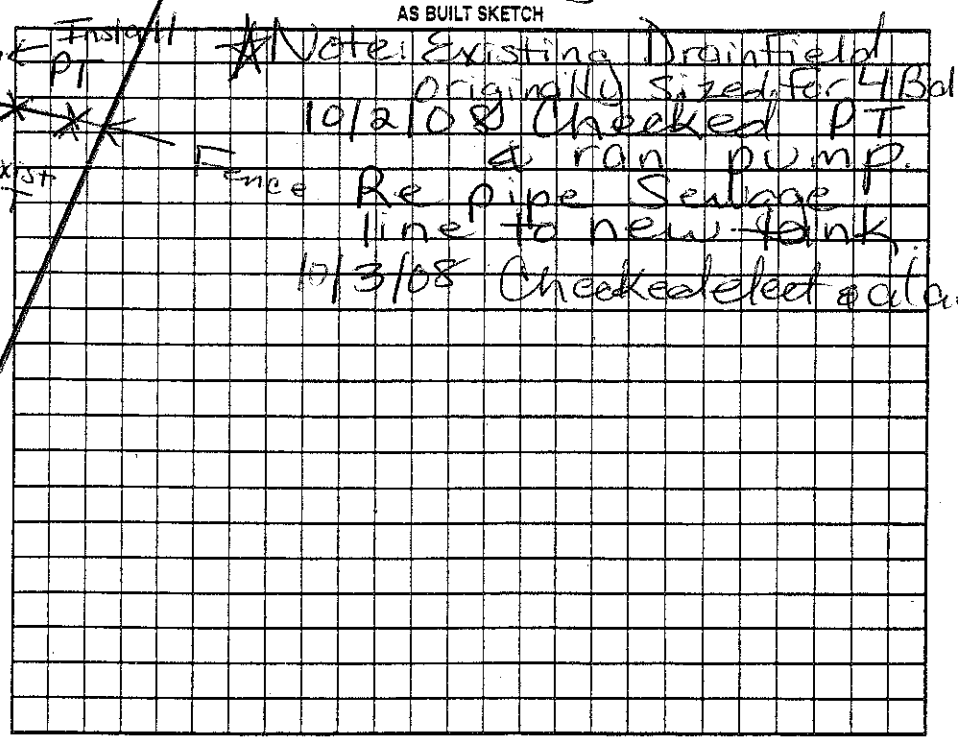
Comments:/Conditions: ★Not to Scale PL 282

Comments:/Conditions: Install New PT and Pump over to existing Drainfield through other existing ST.

INITIAL SITE SKETCH



AS BUILT SKETCH



★Note: Existing Drainfield originally sized for 4 Bdrm.
10/2/08 Checked PT & ran pump. Re pipe Septage line to new tank.
10/3/08 Checked float & alarm

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 9-26-08 Installed by: Larry Beam LS

Improvement Permit by: _____ RS date 9/22/08 Operation Permit by: _____ date 10/3/08

Authorization to Construct by: _____ RS date 9/22/08 Existing System Inspection by: _____ date _____

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