IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090872 PIN# ~~4750 79 8017 27~~ 4750793538 DATE 10/12/00

OWNER OR CONTRACTOR Dale Thomas Life PHONE: Business _____ Home 528-3671

ADDRESS 192 Owencash Rd. Troutman, NC. 28166

LOCATION 115 N TR Oswalt Unity TR Owencash to #192 on R

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA .54 SITE CLASS. PS DESIGN FLOW <506PD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 3/19/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 300' Linear Feet 100'
No Lines 2@50'x3' Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: ADD BATH TO SITE P BLDG.
Repair System Description: CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms _____
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☒ Other ADD. BATHROOM

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

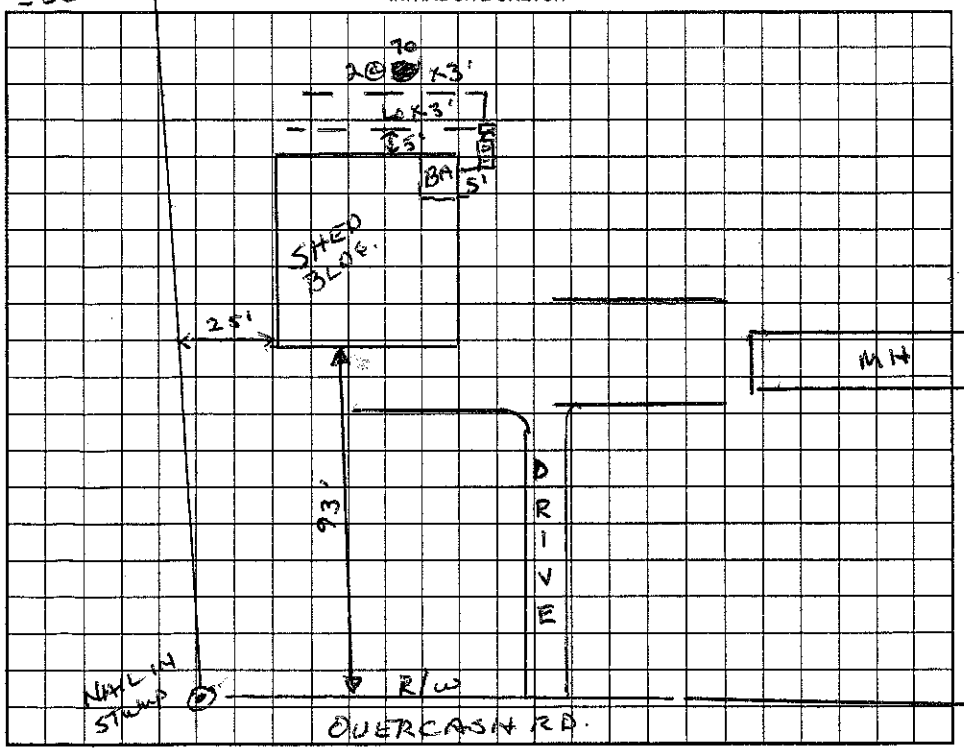
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

IP

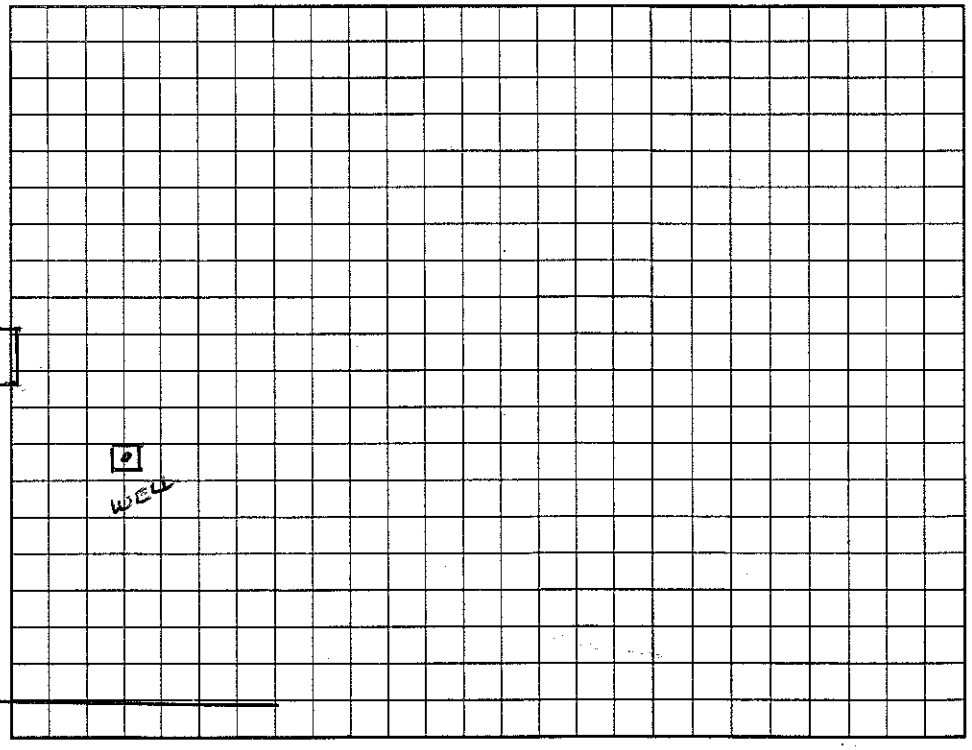
1"=50'

INITIAL SITE SKETCH



Comments:/Conditions:

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: Left at Back Door AWS date 10-12-00 Installed by: Wayne County.

Improvement Permit by: Wesley Sparks R.S. date 10/12/00 Operation Permit by: Wesley Sparks R.S. date 5/1/02

Authorization to Construct by: Wesley Sparks R.S. date 10/12/00 Existing System Inspection by: _____ date _____

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