IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083635 PIN# 4750795667 DATE 9/14/99

OWNER OR CONTRACTOR Jack Gray PHONE: Business _____ Home 528-0848

ADDRESS 105 Windbrook Dr Troutman

LOCATION Hwy 21 N TL Ostwalt-Amity TR Overcash TL Windbrook on

SUBDIVISION Windbrook BLOCK / SECTION _____ LOT 1 LOT AREA .75 Acre SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. Existing

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet Existing Linear Feet _____

No Lines 4 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Gravity-Conv.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 2+S No. Bathrooms 2 No. Employees _____

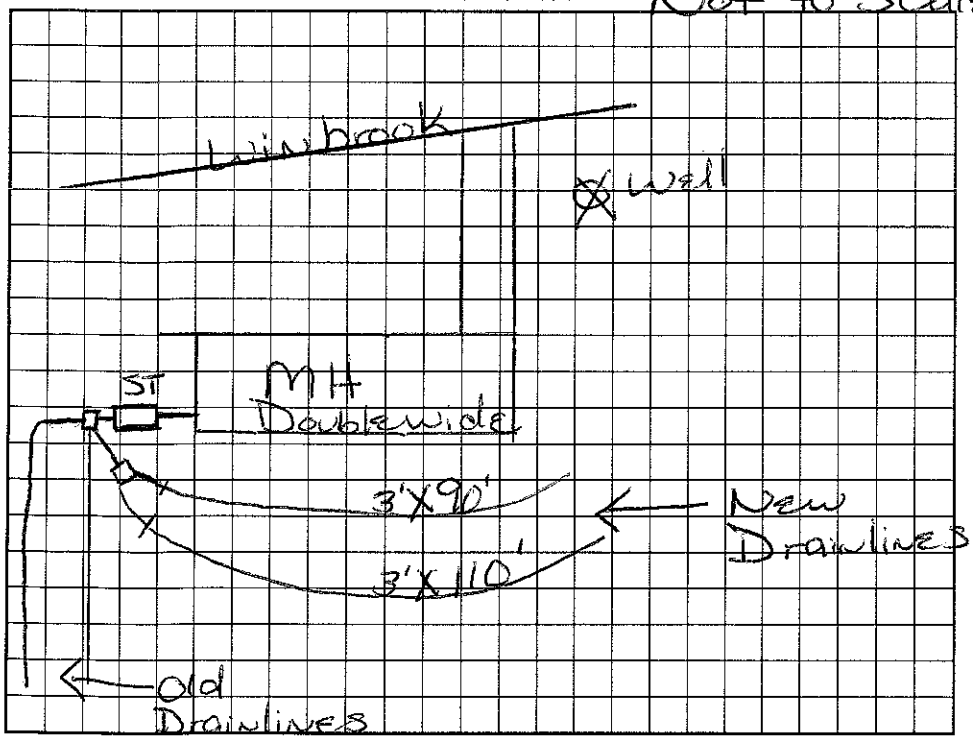
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Repair done 2/99. Upgrading from SW to DW, sized for 2 Bedroom + Study.

INITIAL SITE SKETCH Not to Scale



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: Larry Mitchell date _____ Installed by: _____

Improvement Permit by: Marian H. Dotson RS date 9/14/99 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Marian H. Dotson RS date 9/14/99

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