IREDELL COUNTY HEALTH DEPARTMENT

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

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

150.00 Paid

PERMIT# 31654 PIN# 4750808363 DATE 10-24-05

OWNER OR APPLICANT Mike Gilliland PHONE: Business 924-9248 Home 528-2307

ADDRESS 558 Shepherd Rd Troutman NC 28166

LOCATION Hwy 21 North TR Shepherd Rd on right before Houston Rd (Yellow trailer)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.928 Acre SITE CLASS. PS DESIGN FLOW 240gpd I.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 10-4-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 210' X10' Linear Feet ~~270~~ 210'

No Lines 3090' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: Gravity – Conventional

Repair System Description: Same Quick4

Maintenance Agreement Required: [ ] Yes [X] No "Accepted"

[X] Gravity [ ] Pressure [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[ ] House/Mod. Home [X] Mobile Home [ ] Business

No. Bedrooms 2 No. Persons ____ No. Employees ____

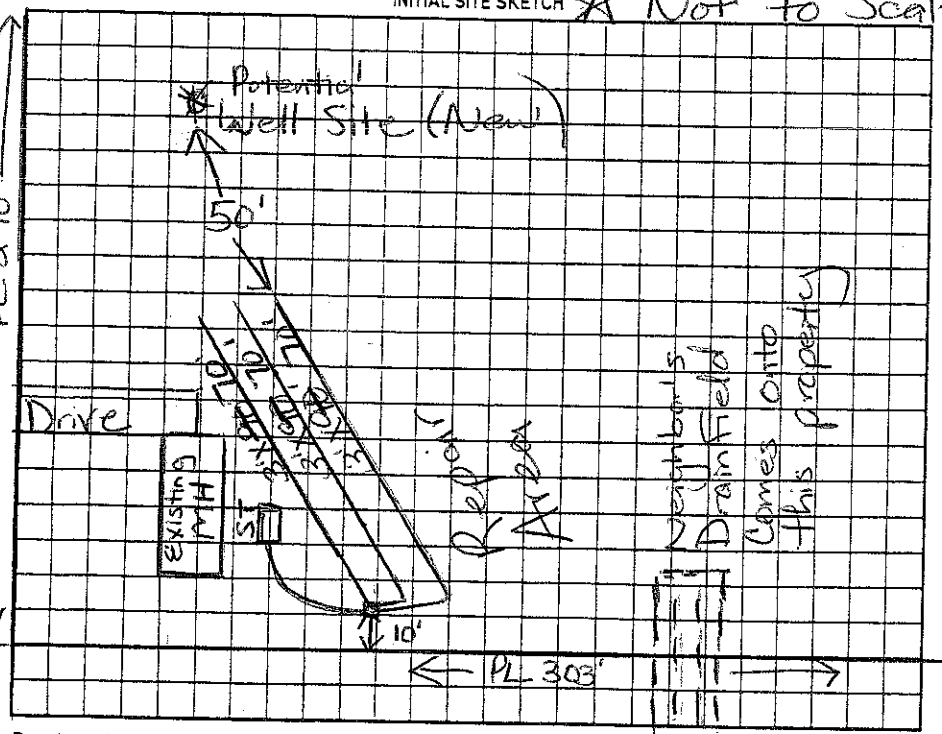
Water Supply: [X] Individual [ ] Public [ ] Community

[ ] Other _____

Comments:/Conditions: Keep Septic System at least 10' from PL, >50' to any well & out of Right of Way.

Comments:/Conditions:

INITIAL SITE SKETCH ☆ Not to Scale



AS BUILT SKETCH

Installed Quick 4 (Accepted) 210' ft for 2Bdrm

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: Michael Gilliland date _____ Installed by: C.W. Orbison RS

Improvement Permit by: Maina H. Dolson RS date 10/24/05 Operation Permit by: Maina H. Dolson date 11/8/05

Authorization to Construct by: Maina H. Dolson RS date 10/24/05 Existing System Inspection by: _____ date _____

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