IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138459 PIN# 4751-01-5874 DATE 11/01/06

OWNER OR APPLICANT SCOTT BROWN PHONE: Business 704-309-5564 Home 704-528-0027

ADDRESS 177 PEAR TREE RD TROUTMAN, NC 28166

LOCATION HWY 21 SOUTH, (L) OSTWALT AMITY RD., ~1 MILE (L) ON GRAVEL DRIVE NEAR BOX #339, LOT ON LEFT.

SUBDIVISION STILL MEADOW BLOCK / SECTION ____ LOT 1 LOT AREA 0.651 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 10/12 Date 9-15-06

Pump Tank: 1,000 Gallons; PT FI Date 9-12-08

Pump Make: Conlee Model CPE 033 HM Serial No. 113 Rec'd

Nitrification Field: No Fields 1 Square Feet ECR to 1200 Linear Feet 200'

No Lines 4@50' Trench Width 24" Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 50% REDUCTION, PUMP

Repair System Description: 50% REDUCT, PUMP/L.P.

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

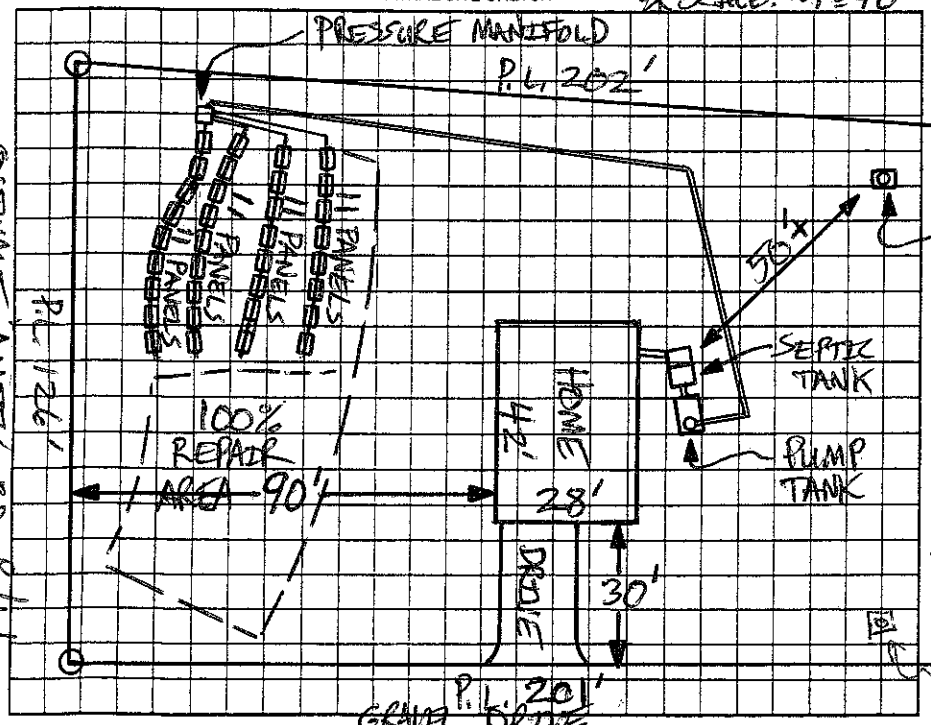
Water Supply: ☒ Individual WELL ☐ Public ☐ Community

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

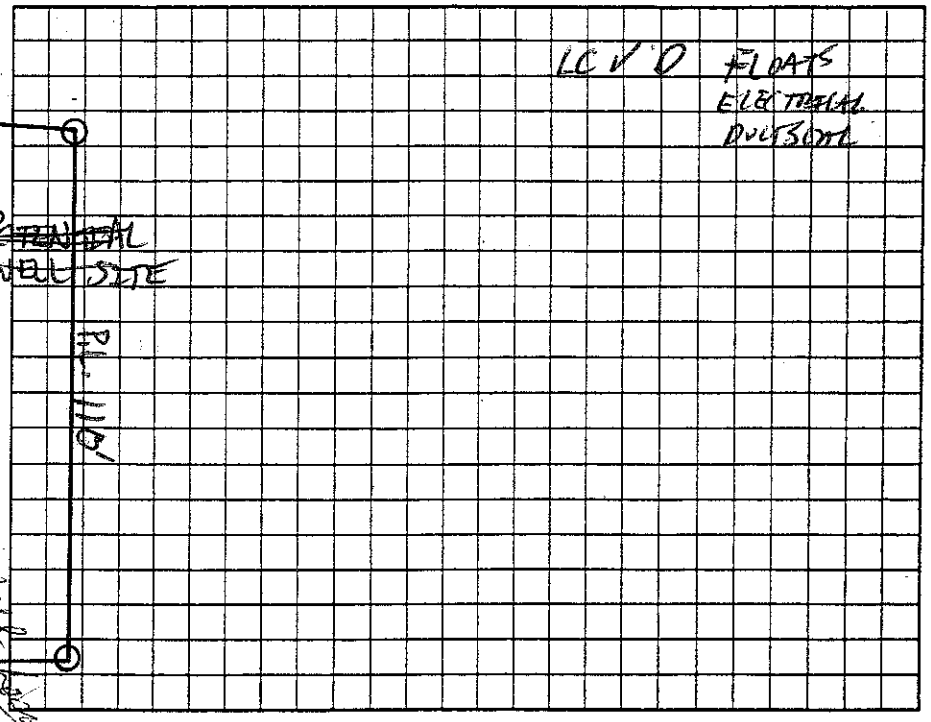
Comments/Conditions: (1) INSTALL SYSTEM USING 36" TRENCH BOTTOM DEPTH, (2) SEE ATTACHED PUMP + PRESSURE MANIFOLD DIAGRAMS + INFO. (3) USE SCH 80, ½" TAPS.

Comments/Conditions: Yellow Sup Lite / Septic Mark

INITIAL SITE SKETCH *SCALE: ~1"=40'



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: _____ date ____

Improvement Permit by: _____ date 11/01/06

Authorization to Construct by: _____ date 11/03/06

Installed by: _____

Operation Permit by: _____ date 6/25/08

Existing System Inspection by: _____ date ____

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