IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090521 PIN# 4751 07 8861 DATE 7/17/00

OWNER OR CONTRACTOR Jeff Kelly PHONE: Business _____ Home 528-4901

ADDRESS 167 Penthwood Dr. Troutman NC 28166

LOCATION Off Amity TL Pilch TL Pear Tree TR Fieldhaven 2nd on (L)

SUBDIVISION Kelly Farmstead BLOCK / SECTION _____ LOT 43 LOT AREA .69 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10-3-00?
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 30 133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: Gravity Conventional
Repair System Description: HDPE or Ch. Plastic
Maintenance Agreement Required: [ ] Yes [X] No

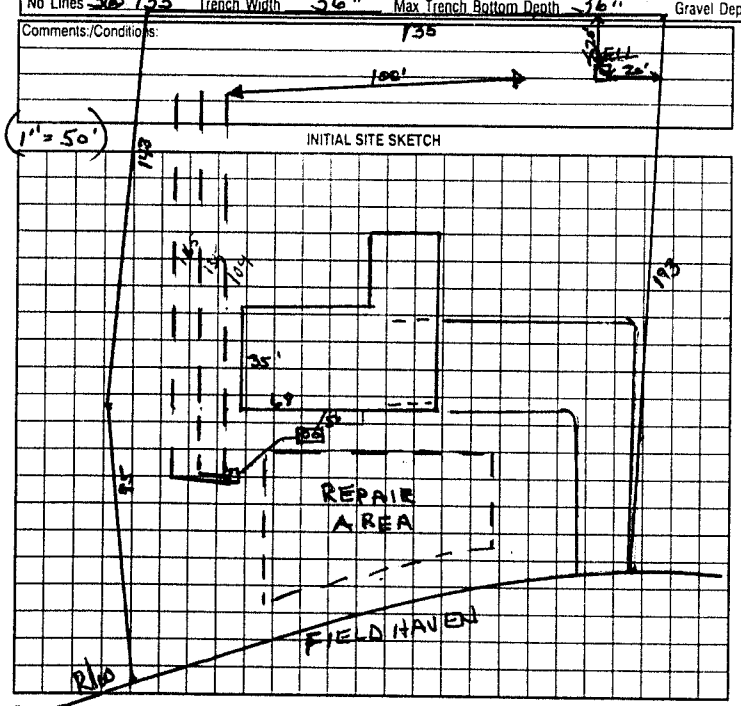
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions:

Comments/Conditions: Filter installed

INITIAL SITE SKETCH



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: * Jane Kelly date 8-4-00

Improvement Permit by: Wesley Sparks R.S. date 7/17/00

Authorization to Construct by: Wesley Sparks R.S. date 7/17/00

Installed by: Wes Lytton

Operation Permit by: [signature] RSI date 12/6/00

Existing System Inspection by: _____ date _____

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