IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 70788 PIN# [redacted] 4751167341 DATE 12-16-97

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

ADDRESS 167 Perthwood Dr Troutman N.C.

LOCATION Amity Hill Rd TR Pilch TR Pear corner Gray Barn Rd

SUBDIVISION Kelly Farmstead BLOCK / SECTION _____ LOT 2 LOT AREA .84 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 794 Date 3-24-97
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 4 Square Feet 1080 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Gravity chambers
Maintenance Agreement Required: ☐ Yes ☑ No None

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

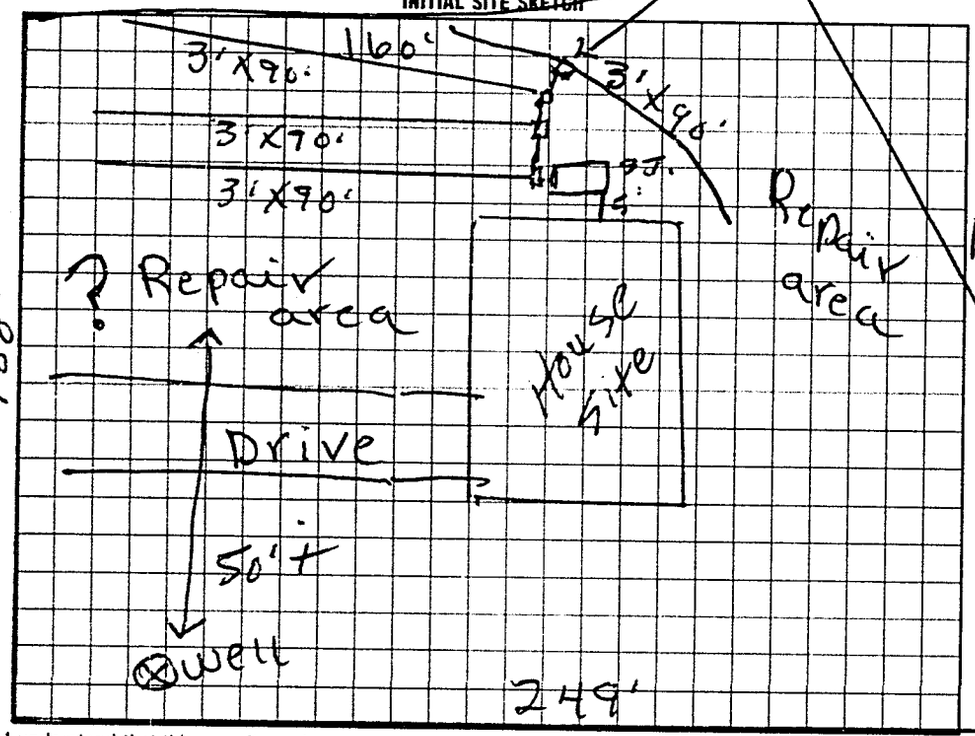
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

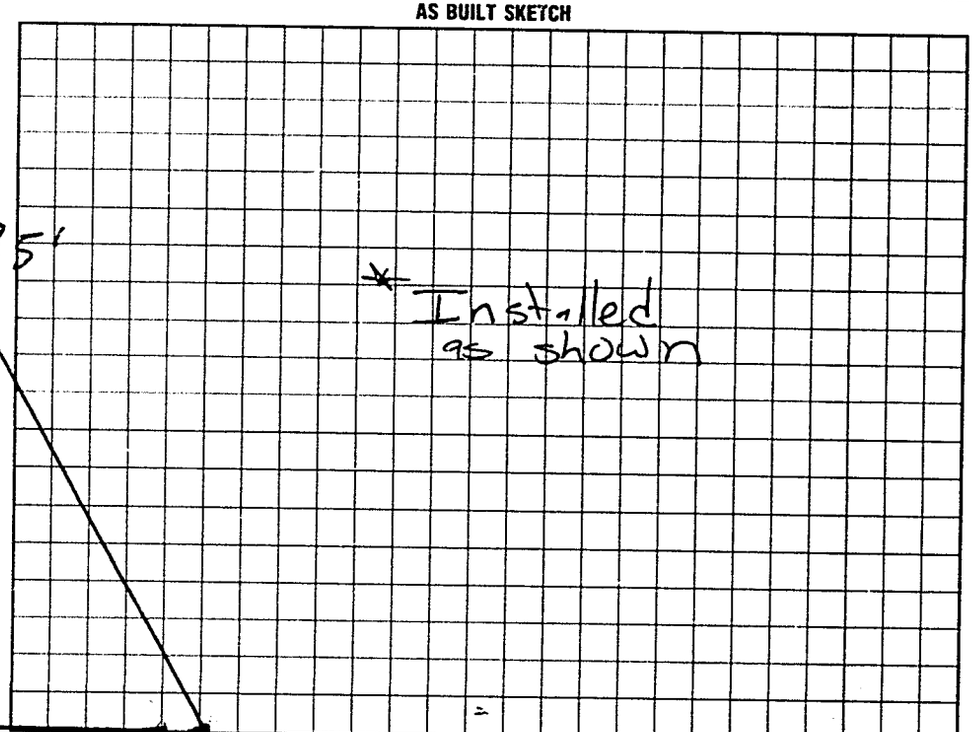
Comments:/Conditions:
Gray Barn

Comments:/Conditions:
Pipe Gutter water away from system
*Note House moved up able to get all 4 lines even

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: J. W. Jeff Kelly date _____ Installed by: Wes Lytton

Improvement Permit by: R. C. Moore date 12-16-97 Operation Permit by: Mat Cothes date 5-28-98

Authorization to Construct by: R. C. Moore date 12-16-97 Existing System Inspection by: _____ date _____

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