IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12993 2 PIN# 4751330758 846 DATE 8-1-05

OWNER OR CONTRACTOR Gerald Zimmer PHONE: Business 704-902-1080 Home 704-528-5471

ADDRESS PO Box 582 Troutman NC

LOCATION 77 S Exit 45 (L) Amity Hill Rd (R) Pilch 457 pilch (L) Property on Left

SUBDIVISION Caitzak AC BLOCK / SECTION ____ LOT 4 LOT AREA 4.790 Acre SITE CLASS. B DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7-3-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I (II) III IV V VI

System Description: 25% Graduate

Repair System Description: 25% Graduate

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

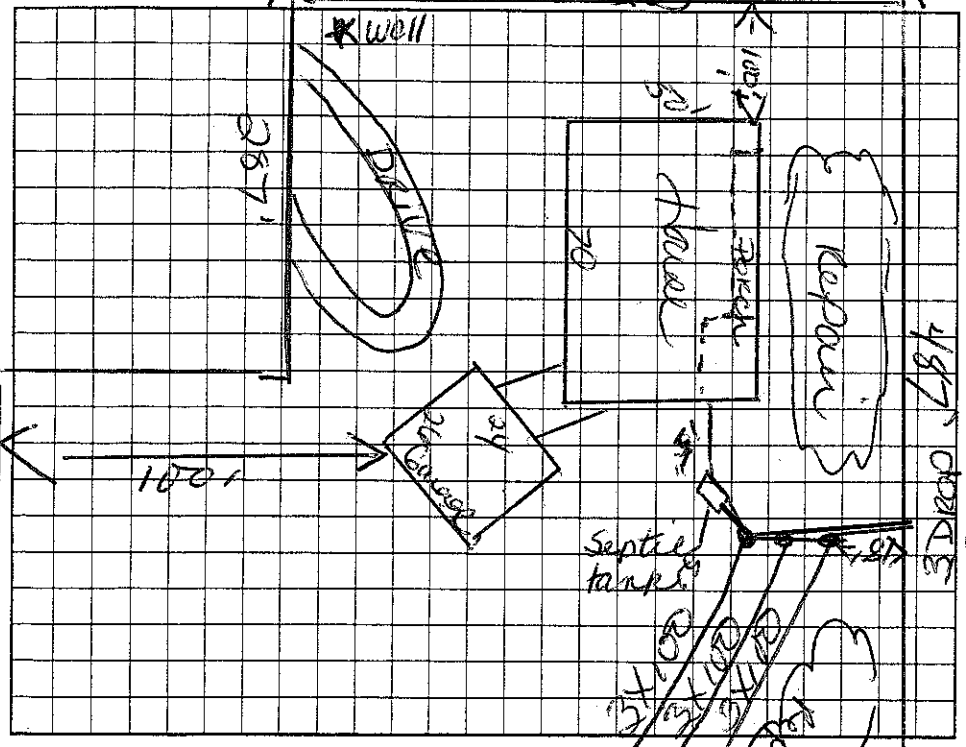
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Install on contour may also use existing well across street.

Comments:/Conditions: Yellow Tuf-Tite Filter no risers

INITIAL SITE SKETCH 205'



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 ____ Installed by: Steve Jordan

Improvement Permit by: Lucy Cox date 8-1-05 Operation Permit by: ____ date 3-1-06

Authorization to Construct by: Lucy Cox date 8-1-05 Existing System Inspection by: ____ date ____

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

385