IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072703 PIN# 4751709220 DATE 4/27/98

OWNER OR CONTRACTOR Brian & Rhonda Gillespie PHONE: Business 924-4415 Home 528-5107

ADDRESS 134 Windbrook Dr Troutman, NC 28166

LOCATION 21 N. TR Oswalt/Amity Rd TR Overcash TL Windbrook 5th house on Rt.

SUBDIVISION Windbrook BLOCK / SECTION ____ LOT 12 LOT AREA ~1 Acre SITE CLASS. Exist DESIGN FLOW ____ L.T.A.R. ____

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields Existing Square Feet ____ Linear Feet ____

No Lines ____ Trench Width ____ Max Trench Bottom Depth Existing Gravel Depth ____

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

System Description: Existing

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

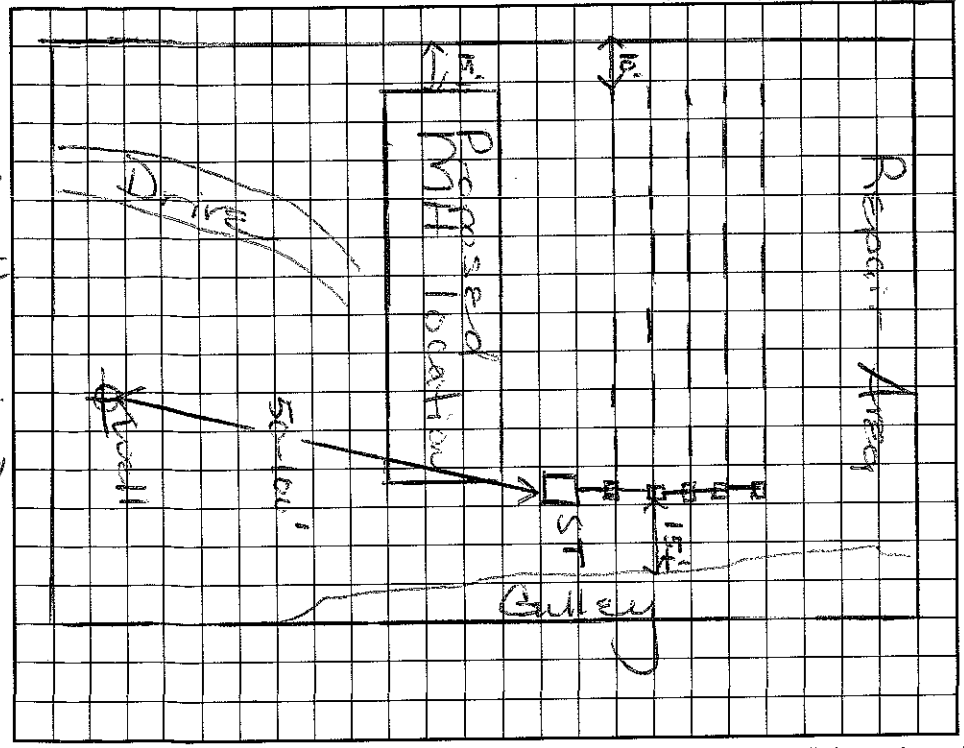
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Septic System seems to be functioning okay at time of inspection on 4/27/98 Okay to Replace MH with 3Bdrm Home.

Comments:/Conditions: (Note: Outbuilding partially covering Drainlines will be moved) System originally installed 1/24/90

INITIAL SITE SKETCH Not to Scale



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: Rhonda Gillespie date ____ Installed by: ____

Improvement Permit by: [illegible] date 4/27/98 Operation Permit by: ____ date ____

Authorization to Construct by: [illegible] date 4/27/98 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