IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82808 PIN# 4751 86 5628 DATE 7-14-99

OWNER OR CONTRACTOR Jeremy Thompson PHONE: Business _____ Home _____

ADDRESS 106 Spicewood dr. Troutman N.C.

LOCATION I 77 S Exit 45 To Amity Hill part Starlite Lake 1st mH Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.98 acres SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 1794 Date 11-31-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☑ Repair System Type: I II III IV V VI
System Description: _____
Repair System Description Conv. Gravity
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

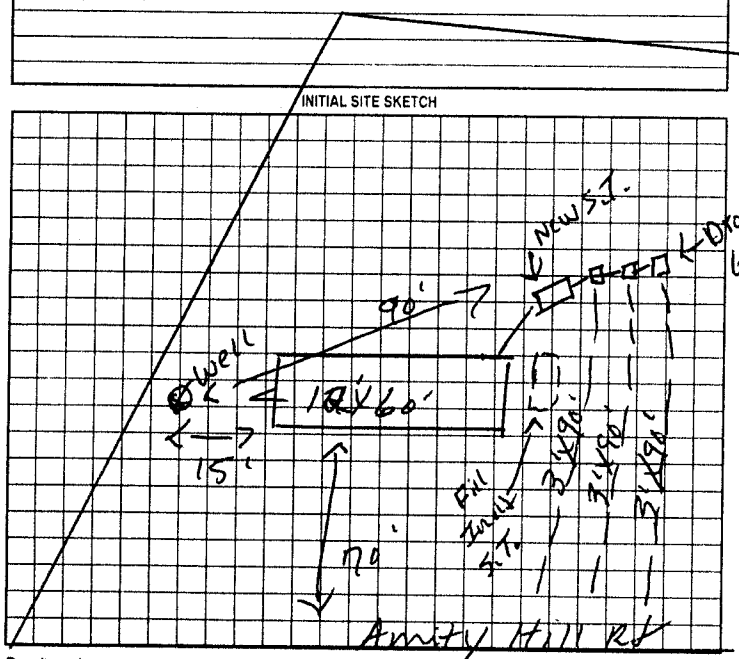
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☑ Individual
☐ Public
☐ Community

Comments/Conditions:

Comments/Conditions
Repairing by replacing old system

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial Sketch
Except Drain Lines were longer 100' +

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: X Jeremy Thompson date 7-14-99 Installed by: Wes Lytton

Improvement Permit by: R.C. Moore date 7-14-99 Operation Permit by: R.C. Moore date 10-15-99

Authorization to Construct by: R.C. Moore date 7-14-99 Existing System Inspection by: _____ date _____

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