IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130817 PIN# 4751-48-1691 883307 RANDY HALL 704-202-9824 DATE 11-16-05

OWNER OR CONTRACTOR JAMES CLONTZ PHONE: Business 704-902-2567 Home 704-528-1201

ADDRESS 173 HAMPTONS COVE RD TROUTMAN, N.C. 28166

LOCATION 77 SCOTT (R) AMITY HILL (L) BETWEEN BOX # 3525 & 3533

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.35AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .35

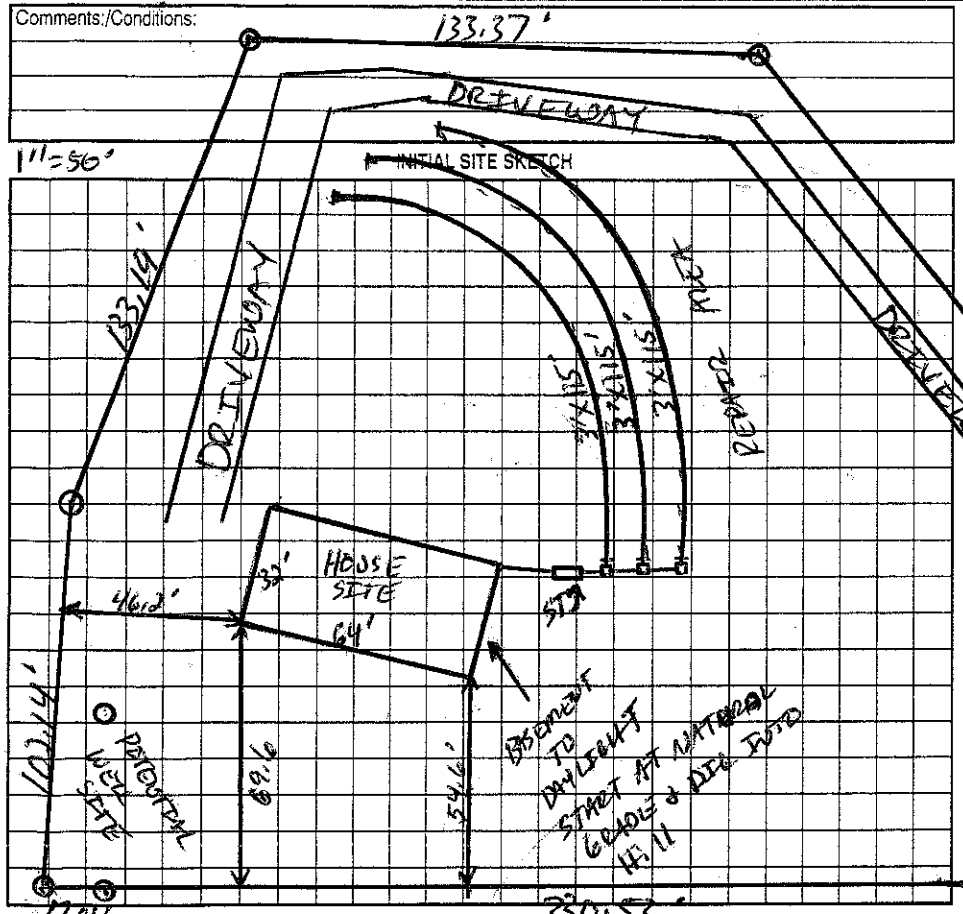
Septic Tank: 1000 Gallons; STB 1012 Date 08/07/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet EOR 1371 Linear Feet 345'
No Lines 3X115' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONV DESIGNED SYSTEM
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

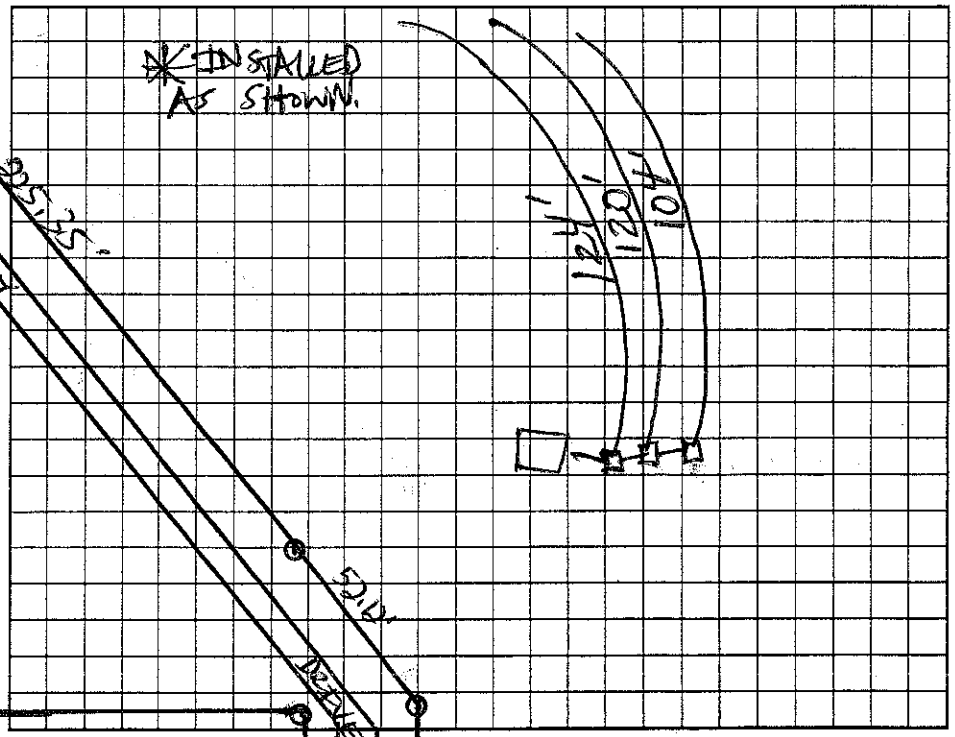
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:



Comments:/Conditions: (1) WELL MUST BE 100' FROM ANY PART OF SYSTEM & REPAIR (2) START AT NATURAL GRADE AT DAYLIGHT END AND DIG INTO THE HILL (3) MAINTAIN SETBACKS



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 11-17-05 Installed by: _____

Improvement Permit by: _____ date 11-16-05 Operation Permit by: _____ date 09/21/06

Authorization to Construct by: _____ date 11-17-05 Existing System Inspection by: _____ date _____

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