IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137330 PIN# 4752-30-6514 DATE 08/16/06

OWNER OR APPLICANT DOUGLAS CURTIS (BRIAN MYERS) PHONE ~~Business~~ 336-626-2200 704-500-6644 Home 704-873-5719

ADDRESS 143 DENLON LN. TROUTMAN, NC 28166

LOCATION I-77, SOUTH (L) AMITY HILL RD, (L) STUCKER RD, (L) MY DRIVE AT END ON RIGHT,

SUBDIVISION ~~MY HOME~~ BLOCK / SECTION LOT 116 LOT AREA ~2.3+ ACRES SITE CLASS. EXIST DESIGN FLOW 240 GPD L.T.A.R. EXIST

Septic Tank: ~1,000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields I Square Feet ~530 Linear Feet ~170'

No Lines 2 Trench Width ~36" Max Trench Bottom Depth ? Gravel Depth ?

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

System Description: CONV., GRAVITY

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 2 No. Persons No. Employees

Water Supply: ☐ Individual ☒ Public ☒ Community WELL

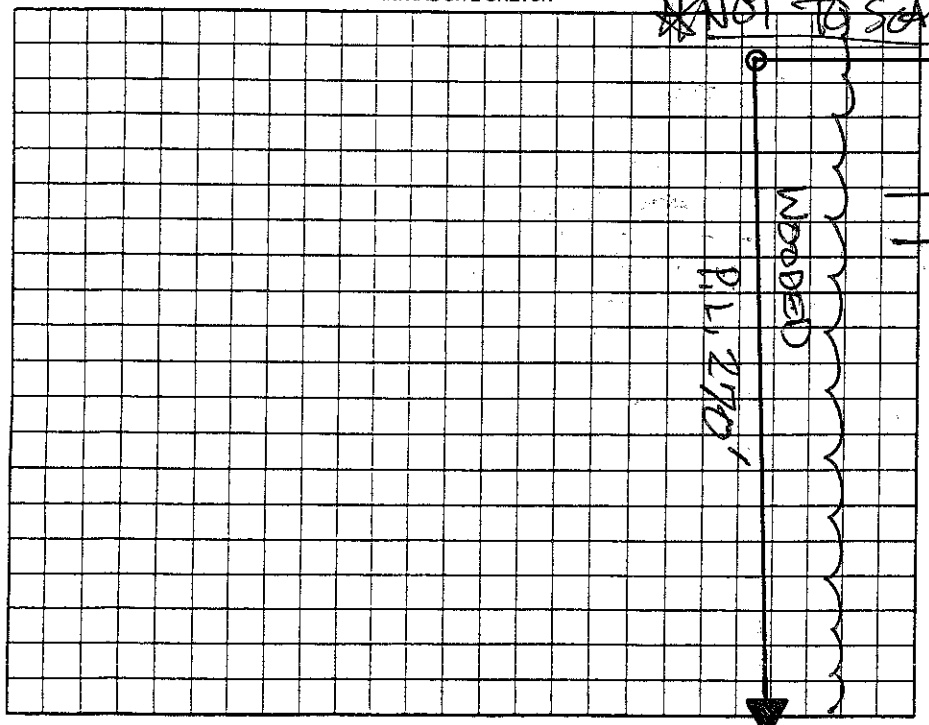
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

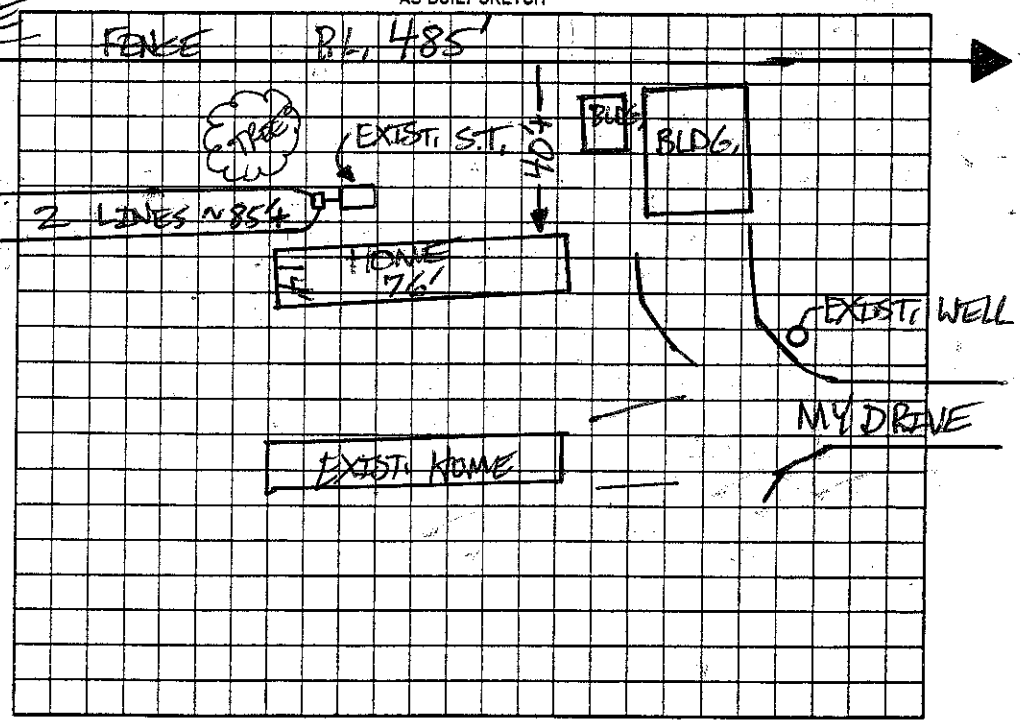
Comments:/Conditions:

* HOME MUST BE PLACED 5 FEET OR GREATER FROM ANY PORTION OF SEPTIC.
* RECOMMEND PUMPING OUT SEPTIC TANK, IF NOT DONE RECENTLY,

INITIAL SITE SKETCH



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

Improvement Permit by: date

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: [signature] date 08/16/06

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