1:30

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ad) MOORESVILLE 704-664-5281

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

PERMIT# 14905 PIN# 4756771772 59 DATE 8 9-5-07

OWNER OR APPLICANT Marshall & Sue MaltBy PHONE: Business _____ Home 704-902-3987

ADDRESS 3624 Gordon Street Troutman NC 28166

LOCATION 2N TO Jane Sexton Rd Stone House at end

SUBDIVISION Baymont BLOCK / SECTION _____ LOT 1 LOT AREA 4.209 SITE CLASS. B DESIGN FLOW 480 L.T.A.R. 3

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1600 Linear Feet 400

No Lines 3 Trench Width 3 Max Trench Bottom Depth 36

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

System Description: 25% GRAVITY

Repair System Description: 25% GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth _____ ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

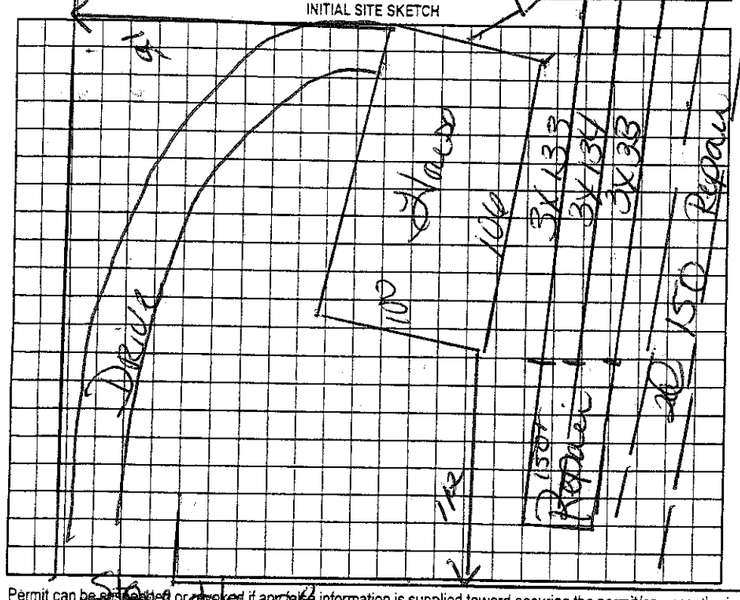
Comments:/Conditions:

(3) drop Boxes

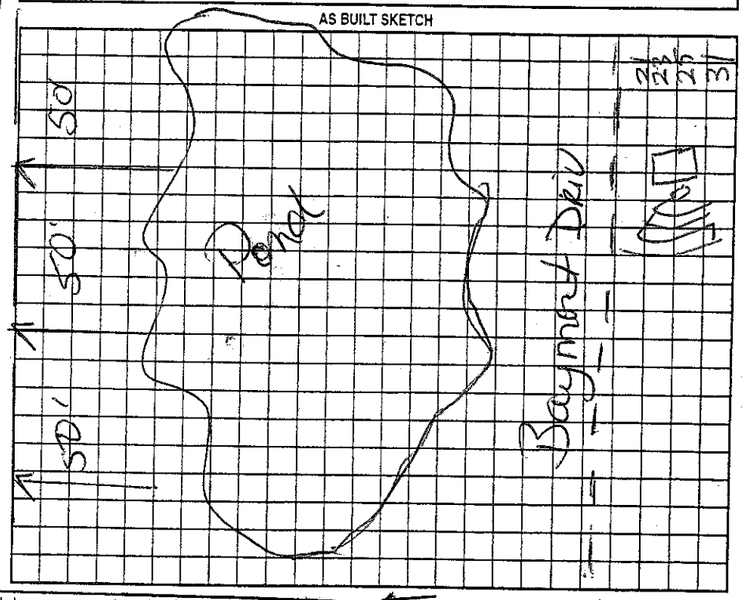
Comments:/Conditions:

Install on Contour
Maintain all setbacks

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be extended 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 9-5-07 Installed by: Tommy Frye

Improvement Permit by: Kenny Cook date 9-5-07 Operation Permit by: _____ date 9-15-05

Authorization to Construct by: Kenny Cook date 9-5-07 Existing System Inspection by: _____ date _____

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