IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 135429 PIN# 4758-80-6535 DATE 6-5-06

OWNER OR APPLICANT DARRELL T. HOUSTON PHONE: Business 980-721-4624 Home 704-528-1393

ADDRESS 229 OSTWALT AMITY ROAD, TROUTMAN, NC 28166

LOCATION US 21 NORTH, TL BLACKWELDER ROAD, 0.2 MILE ON, LEFT AT BOX #139

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.998 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING 0.30 GPD/FT²

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~400~~ Linear Feet 96+

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36"+/- Gravel Depth N/A

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Persons _____ No. Employees _____

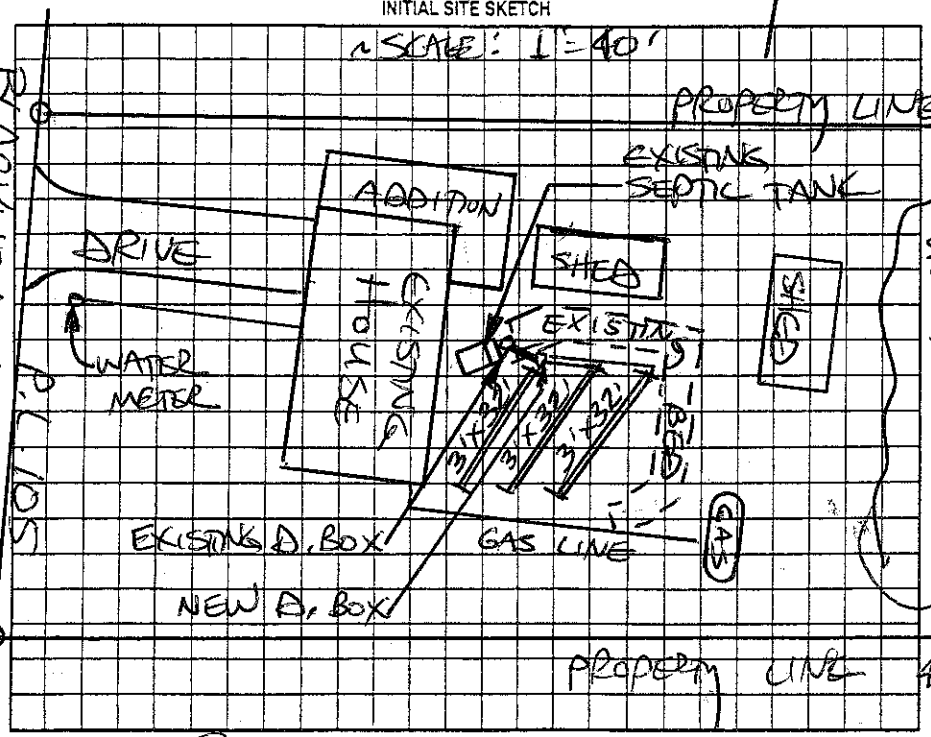
Water Supply: ☐ Individual ☑ Public ☐ Community

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

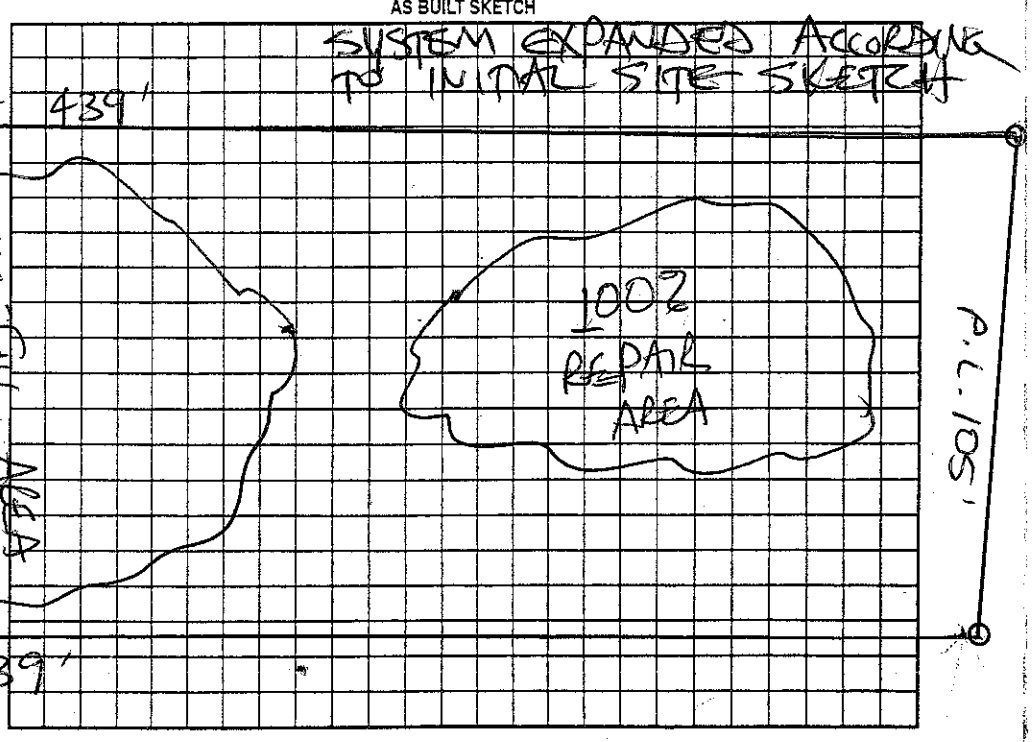
Comments:/Conditions: INSTALL NEW DISTRIBUTION BOX AT LOCATION SHOWN FEEDING THREE NEW 3'x32' LINES AS SHOWN. REPLACE SANITARY TEE & EXISTING DISTRIBUTION BOX IF NECESSARY

Comments:/Conditions:

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 6-5-06 Installed by: SAMMY REAVIS

Improvement Permit by: STEVE HEDRICK date 6-5-06 Operation Permit by: STEVE HEDRICK date 7-19-06

Authorization to Construct by: STEVE HEDRICK date 6-5-06 Existing System Inspection by: _____ date _____

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