IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214753

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

PIN # 4760-15-3584.000

APPLICANT: David Gullion APPLICANT ADDRESS: 123 Aston Rd. Mooresville NC 28115

SITE ADDRESS: 108 Howard Ln. Troutman NC 28166 PHONE: 704-662-3116 ALT. PHONE:

SITE DIRECTIONS: Ostwalt Amity To Weathers Creek Tr Howard Ln. Site @ End on R

SUBDIVISION: Country View Estate SECTION: 2 LOT # 12 LOT AREA: .690 Acre DESIGN FLOW: 240 GPD L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields Ex. # Lines Ex. Linear Ft: 345'

Trench Width Ex. Max. Trench Bottom Depth Ex. Gravel Depth Ex.

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

System Description: Existing - Conventional - Gravity

Repair System Description: Conventional - Gravity/Pump

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2

☐ Business No. Persons 4

☐ Other No. Employees

☐ Slab ☒ Crawl Space

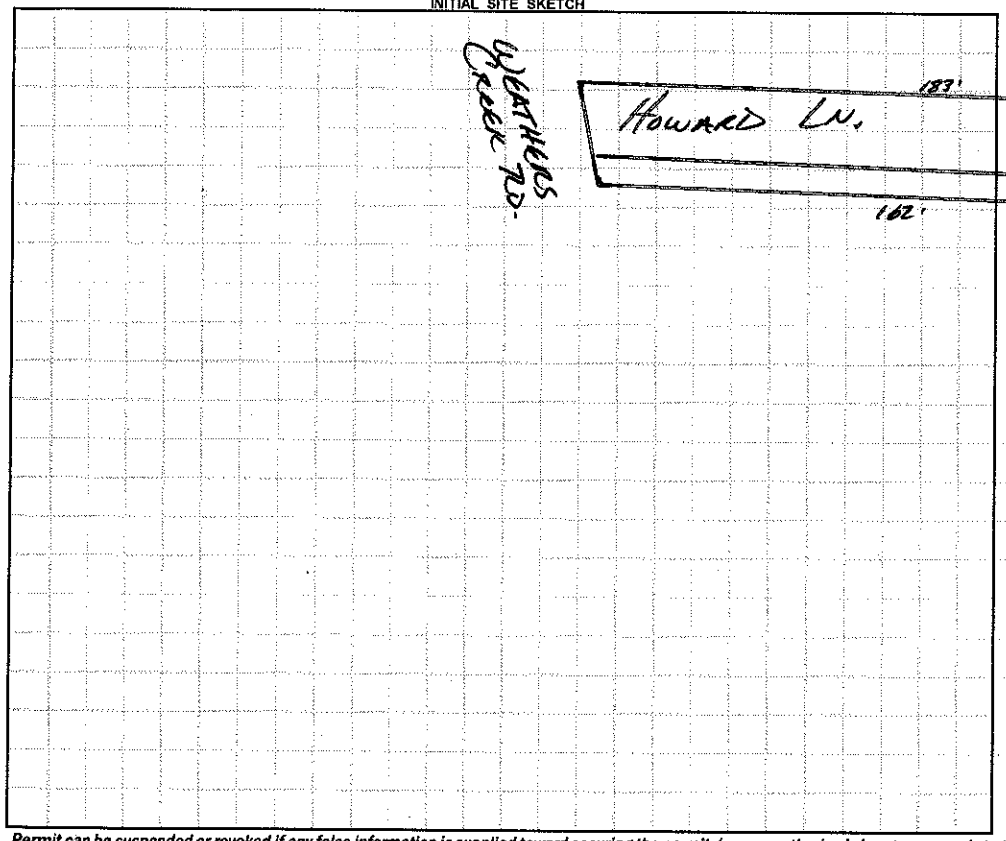
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

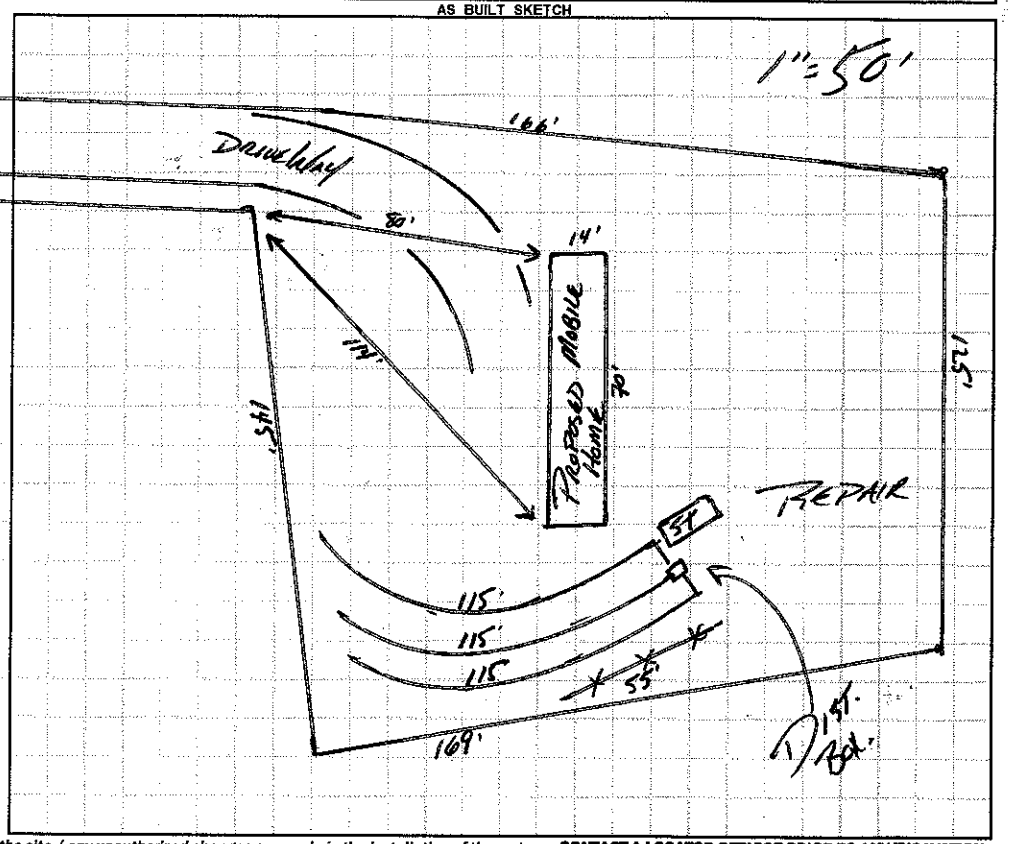
Comments / Conditions: Existing System was 3 BR Prior. Lowest Line (55') Encroached upon Property Line. This Line was Capped @ Distribution Box. New Flow is 240 GPD.

Existing System Approved To Be Functional @ Time of Inspection.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: David Edwards Date: 1/20/16 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by:

APPROVED JAN 1 2016

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK