IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1451472 PIN# 4761016691.000 DATE 9/7/07

OWNER OR APPLICANT Leslie Belkin PHONE: Business 704 528-4425 Home 704 677-6437

ADDRESS 153 B Wagner St. NC Troutman 28166

LOCATION 115W TR on Oswalt Amity TR Weathers Creek on R

SUBDIVISION Oakridge BLOCK / SECTION 1 LOT 9 LOT AREA ±1 ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. ◎ 3

Septic Tank: 1000 Gallons: STB 1000 Date 11/8/07

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% Reduction Gravity

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

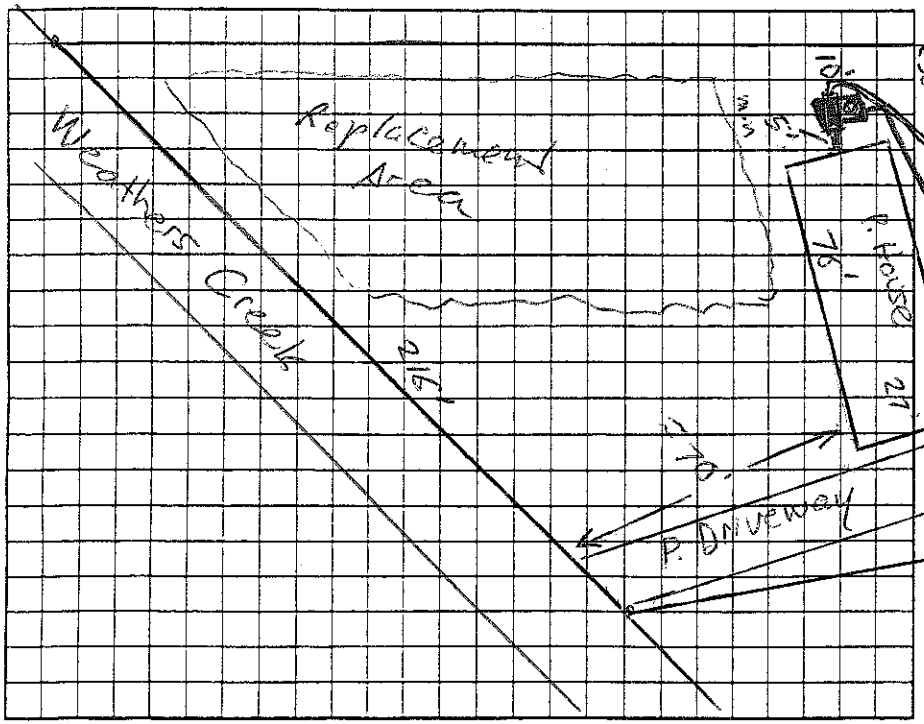
Water Supply: ☑ Individual ☐ Public ☐ Community

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

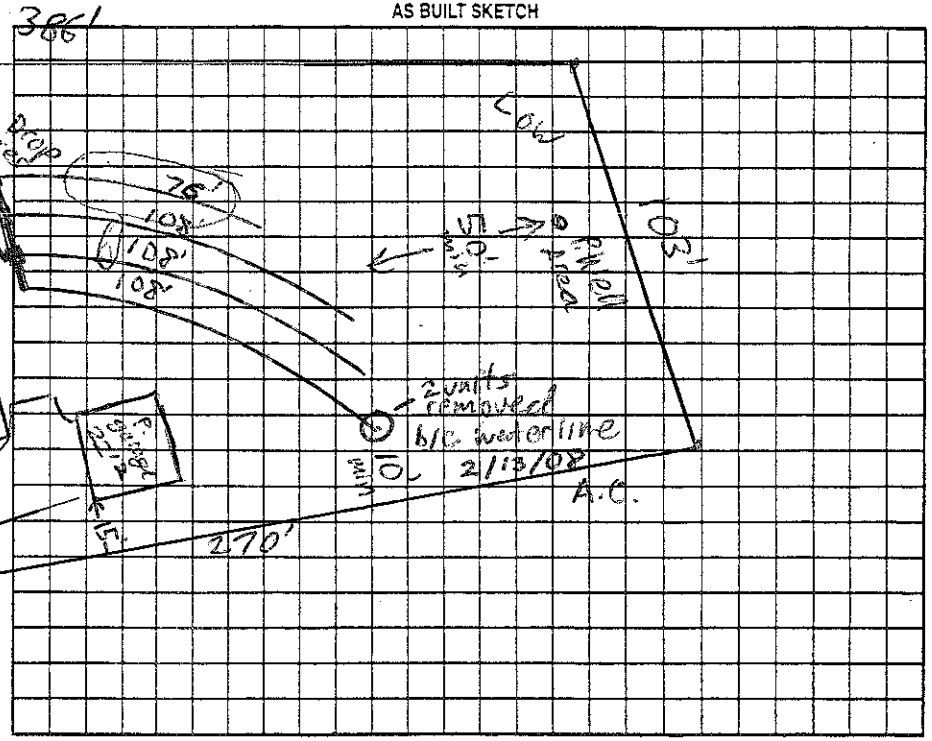
Comments:/Conditions: * Use Serial distribution

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: Leslie Belkin date 9/7/07

Improvement Permit by: Anthony Cokey Jr date 9/7/07

Authorization to Construct by: Anthony Cokey Jr date 9/7/07

Installed by: ELBERT BALDING

Operation Permit by: Wendy Sparks RS date 1/28/08

Existing System Inspection by: ____ date ____

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