IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108099 PIN# 4761020919 DATE 8-5-02

OWNER OR CONTRACTOR Gilbert & Barbara Mitchell PHONE: Business _____ Home 528-0742

ADDRESS 844 Oswalt Amity Rd Troutman 28166

LOCATION Hwy 115/21 N TR Oswalt Amity Rd across from Amity Hill Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd T.A.R. _____

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank: Existing Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Existing Square Feet _____ Linear Feet _____

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Gravity-Conv.

Repair System Description: Pump-Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

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

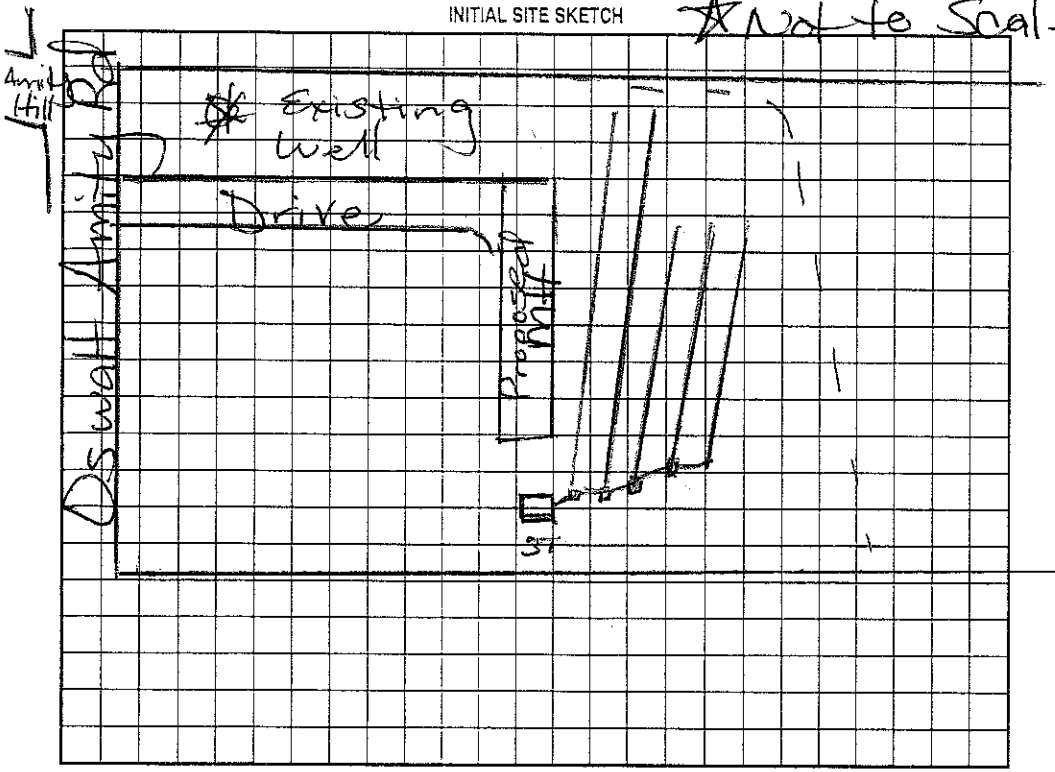
No. Bedrooms 2 No. Bathrooms 1 No. Employees _____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: Existing Septic System appears to be Functioning okay at time of inspection.

INITIAL SITE SKETCH



Not to Scale

Comments/Conditions: Note: advised owner to keep grass cut short over drainfield. Originally permitted for 3 Bedroom

AS BUILT SKETCH

Keep new Mtf at least 5' from Septic

Original permit attached — Installed 2001 Under Earnie Sparks

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: Barbara L. Mitchell date 8-5-02 Installed by: _____

Improvement Permit by: Maria H. Dotson RS date 8/5/2002 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H. Dotson RS date 8/5/02

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