IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105738 PIN# 4775047765 4775047765 DATE 1-25-06

OWNER OF CONTRACTOR Mark Claudin Talbert PHONE: Business 704-873-5203 Home 704-662-6648

ADDRESS 289 Bethel Church Rd Troutman NC 28166

LOCATION 64 E to Troutman Ft Springs Forest Rd Hawades Ridge to curve

SUBDIVISION Spring Forest BLOCK / SECTION ____ LOT 52 LOT AREA 1.42 SITE CLASS B DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 2-21-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet 1600 Linear Feet 480

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

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

System Description: 2540 Gravity LPP

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

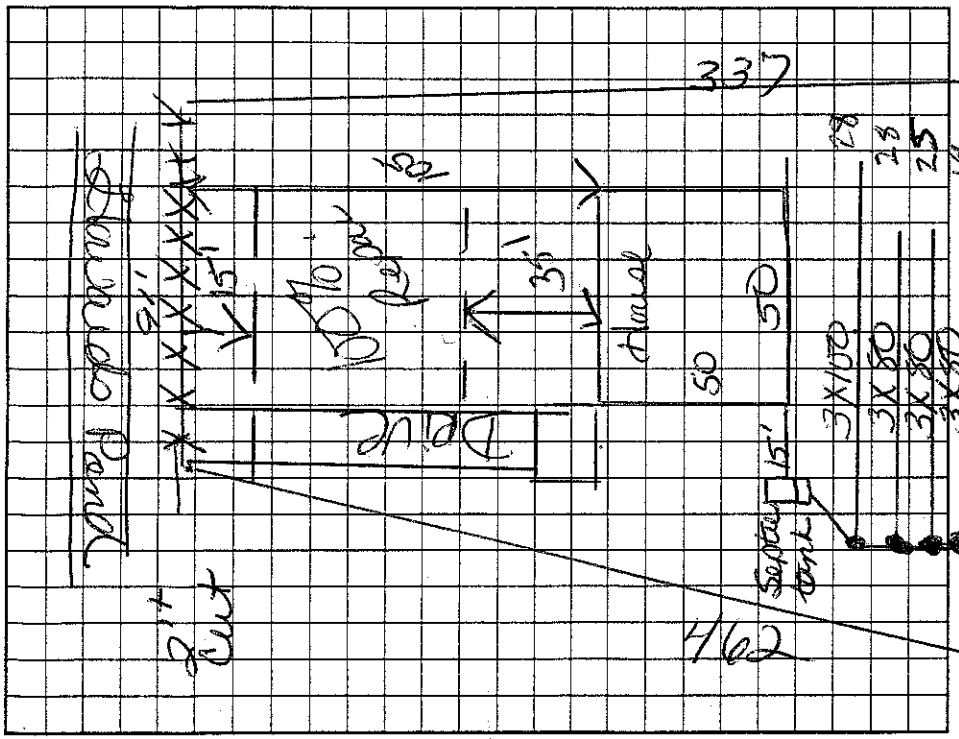
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

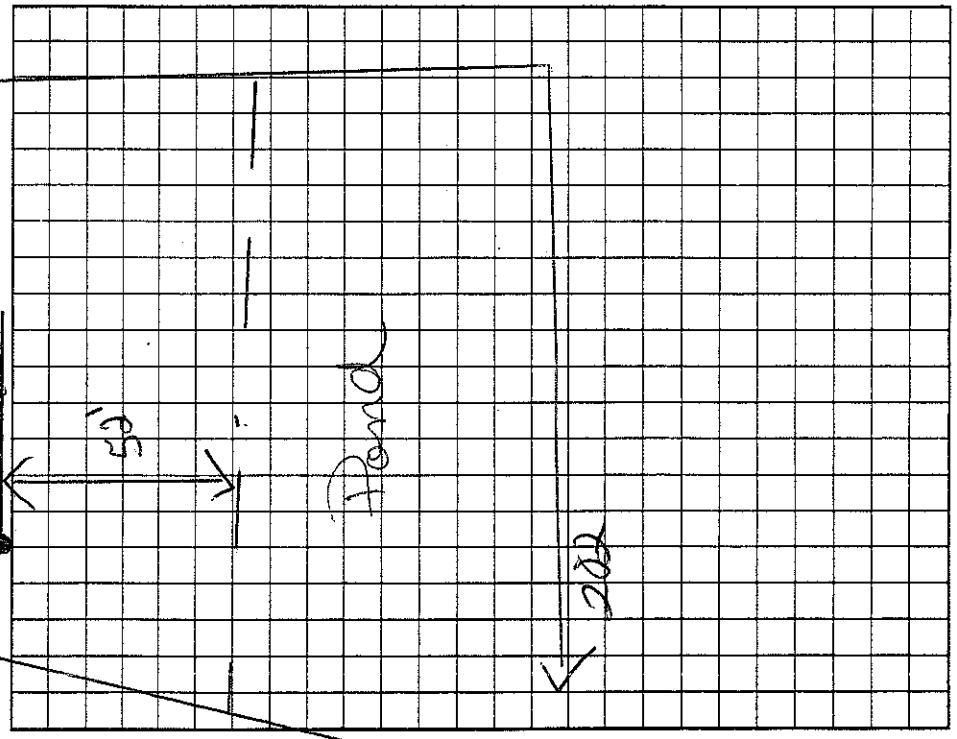
Comments:/Conditions: Install on contour
Maintain all setbacks

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: Mark Talbert date 1-27-06 Installed by: A-1 Backhoe

Improvement Permit by: Kelly Cox date 1-25-06 Operation Permit by: James date 10-06-06

Authorization to Construct by: Kelly Cox date 4-25-06 Existing System Inspection by: ____ date ____

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