IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139770 PIN# 4872-54-21-007 5112 DATE 2-13-07

OWNER OR APPLICANT Allison Vaterlinsen (Jason Manager) PHONE: Business _____ Home 704 701-4558

ADDRESS 186 Troy Mill Rd.

LOCATION 77 N to exit 65, (R) on 901, (L) on Eagle Mills, (R) on Houstonville Rd. left on Troy Mill across from York Spas

SUBDIVISION n/a BLOCK / SECTION _____ LOT 1 LOT AREA 4.47± SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 4-11-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 402

Nitrification Field: No Fields ___ Square Feet 1600 Linear Feet ~~555~~

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: ~~Sand~~ Reduction 3 Conv. Grav.

Repair System Description: Conventional Grav.

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons ___ No. Employees ___

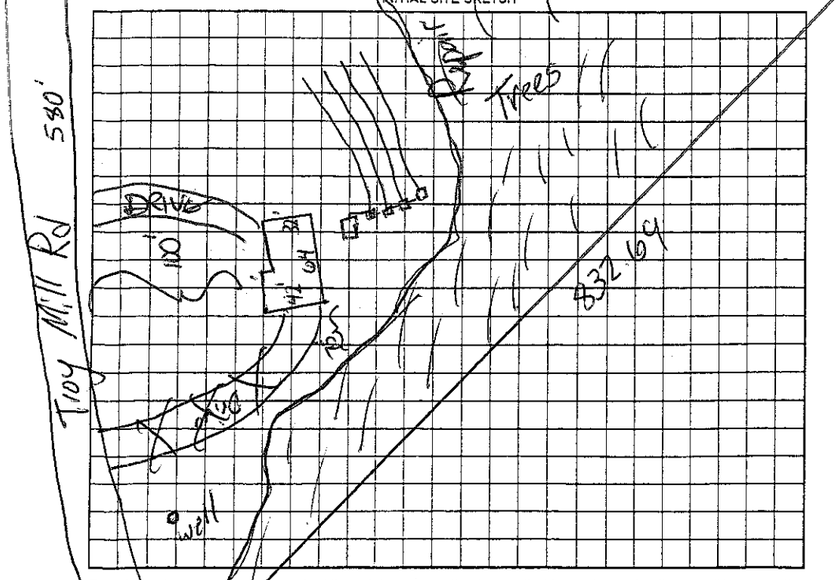
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth 12" ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

Comments/Conditions: Red Soft title Septic Marker

INITIAL SITE SKETCH



AS BUILT SKETCH

4 - 100' lines of application and distribution

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 6-11-07 Installed by: Speralds Septic

Improvement Permit by: _____ date 2-13-07 Operation Permit by: _____ date 7-9-08

Authorization to Construct by: _____ date 2-13-07 Existing System Inspection by: _____ date _____

B. Chandler of Schumacher Homes 5-27-08

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