IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 (BB)

PERMIT # 225 215

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

PIN # 4649-82-2727

APPLICANT: Parkertown Holdings APPLICANT ADDRESS: P.O. Box 3608 Mooresville, NC. 28117

SITE ADDRESS: 404 Parkertown Rd. Troutman, NC PHONE: 704-799-9770 ALT. PHONE:

SITE DIRECTIONS: Rt 21 N from Mooresville → L on Parkertown Rd → Lot on Right

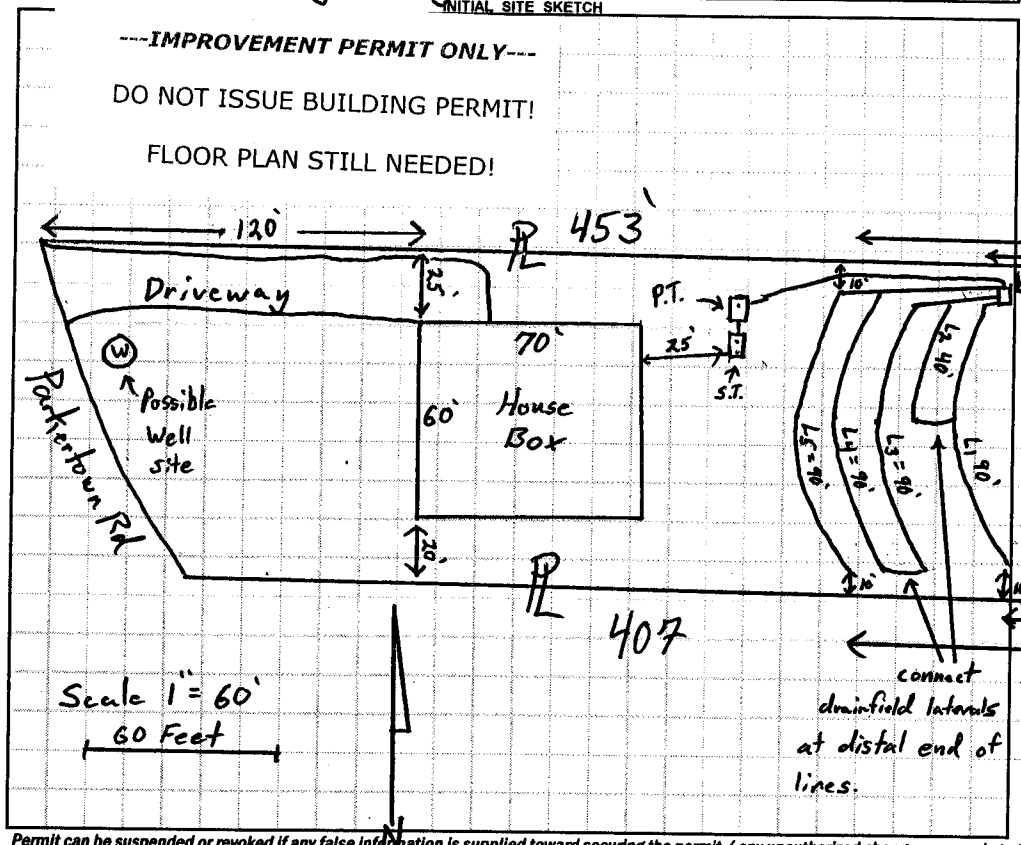
SUBDIVISION: Parkertown SECTION: LOT # 6 LOT AREA: 1.044 DESIGN FLOW: 480 L.T.A.R.: 0.30

Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT	Date	System Description: PM (25% Reduction)	☐ Business	No. Persons 8	☒ Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft: 400'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 30" [low side]	Gravel Depth —	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

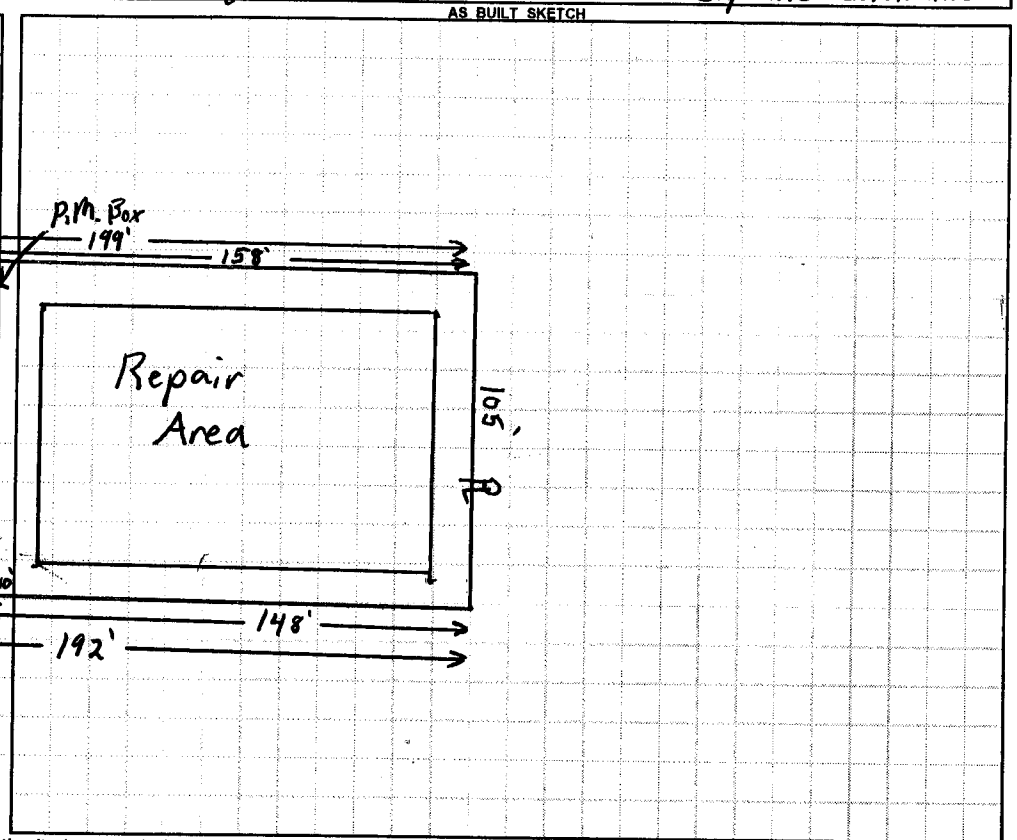
Comments / Conditions: Tap sizing for pressure manifold as follows: (L_1+L_2) = 3/4" SCH 40 TAP. (L_3+L_4) = 3/4" SCH 40 Tap (L_5) = 1/2" SCH 40 TAP 12.56 GPM + 10.1 GPM + 7.11 GPM = 29.71 GPM (3 total taps) Recommend pumping septic tank every 3-5 years.

Should an ejector pump be needed, a 2nd trash tank of equal size shall be required. If the tanks must be moved to the front yard, another permit authorizing the relocation would be required. Saprolite Controlled

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: Date: 4-21-17 Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/7/2017 OPERATION PERMIT by: Date:

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

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