2:30

# IREDELL COUNTY HEALTH DEPARTMENT

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

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17436 DATE 3-25-94 TAX MAP NO. 30-8-A-24 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Mildred Reymer PHONE: Business _____ Home _____

ADDRESS P.O. Box 327 Troutman, N.C. 28166

LOCATION From Troutman take Perth Rd TR State Park Rd. Th Morrison Farm Rd. go to end to Winston Way lot at end.

SUBDIVISION Morrison Pt. BLOCK / SECTION - LOT 24 LOT AREA _____ SITE CLASS. PS. DESIGN FLOW 360 L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 1-4-99
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet ~~400~~ PPBPS Linear Feet 200'
No Lines 2 Trench Width 24" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PPBPS, gravity fed
Repair System Description: "
Maintenance Agreement Required: ☐ Yes ☑ No
~~Gravel~~ Depth 24" Sand ☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

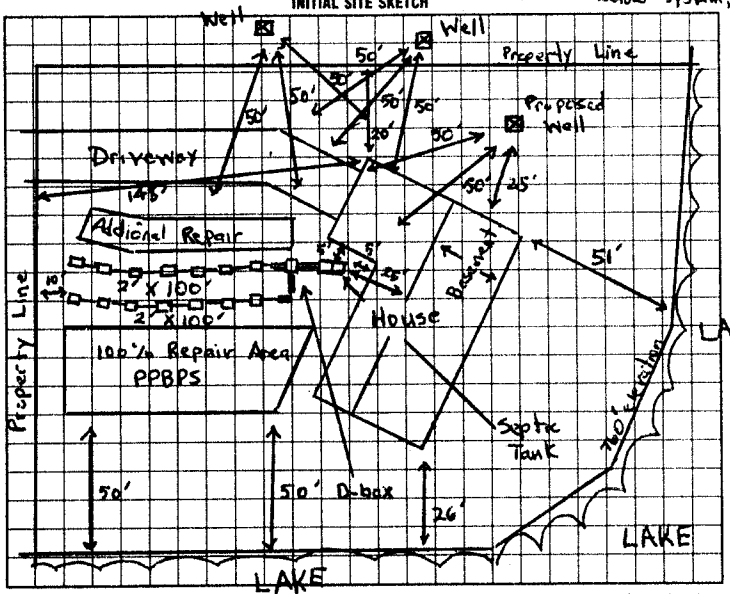
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3.5
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: PPBPS, gravity fed. (46 panels). Keep Trenches and panels on contour. Keep system, 5' from foundation of home, 25' from any basement wall or foundation, 50' from any well, 50' from 760' Elevation mark, and 10' from all property lines. Keep lines at least 8' o.c. 100% Repair below system, gravity PPBPS.

Comments:

INITIAL SITE SKETCH




AS BUILT SKETCH

Addional Repair line above system.

Same as initial sketch

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Clyde Zeller

Improvement Permit by: Michael Q. Dennis / J.C. Moore date 3-25-94

Existing System Inspection by: _____ date _____

Installed by: David Yountz

~~Certificate of Completion by:~~ J.C. Moore date _____

Operation Permit by: _____ date 3-17-99

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