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. 18130 DATE 4-5-94 TAX MAP NO. 3C-6-A-126 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR P. F Haughton PHONE: Business _____ Home 528-4225

ADDRESS Rt 2 Box 235 Troutman, N.C. 28166

LOCATION From Troutman take Perth Rd. TR State Park Rd TL Morrison Farm TR Pennicillon Pt First home on L

SUBDIVISION NA BLOCK / SECTION 17 LOT 126 LOT AREA .69 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: Existing Model System Serial No. _____

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

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

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

System Description: Existing System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ 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 _____

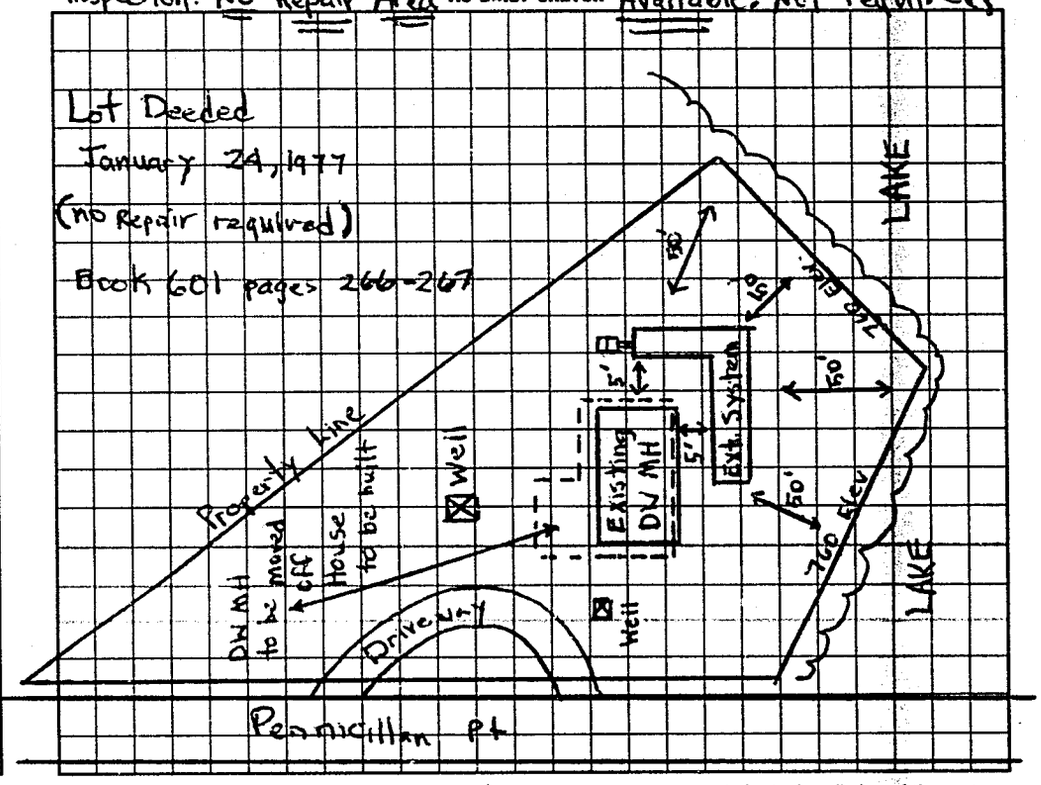
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Removing 3 Bedroom DW MH, Replacing with 3 Bedroom House. House to be built in same location as DW MH. Keep House. min 5' from any part of septic system. Septic system too deep to probe, system shows no visible signs of malfunction at time of inspection. No Repair Area Available, Not required.

INITIAL SITE SKETCH

AS BUILT 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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Michael J. Dennis date 4-5-94 Operation Permit by: _____ date _____

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

6000