48170

# 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. 16649 DATE 7-22-93 TAX MAP NO. 3C-12-A-9

OWNER OR CONTRACTOR Curtis Dale Eller PHONE: Business _____ Home 588-1621

ADDRESS P.O. Box 34602, Charlotte, N.C. 28234

LOCATION From Troutman thake Perth Rd. TR State Park Rd. TL Morrison Farm Rd TR Rosebud Lane, 1st house on R.

SUBDIVISION Allendale Acres BLOCK / SECTION _____ LOT _____ LOT AREA .46 acres SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well to be located.

Septic Tank: 1000 Gallons; STB 1012 Date 12-1-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 4 Trench Width 36" Trench Depth 24-28" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. (II.) III. IV. V. VI

System Description: Conventional, gravity

Repair System Description: PPBPS, gravity

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing

Garbage Disposal: ☐ Yes ☑ No

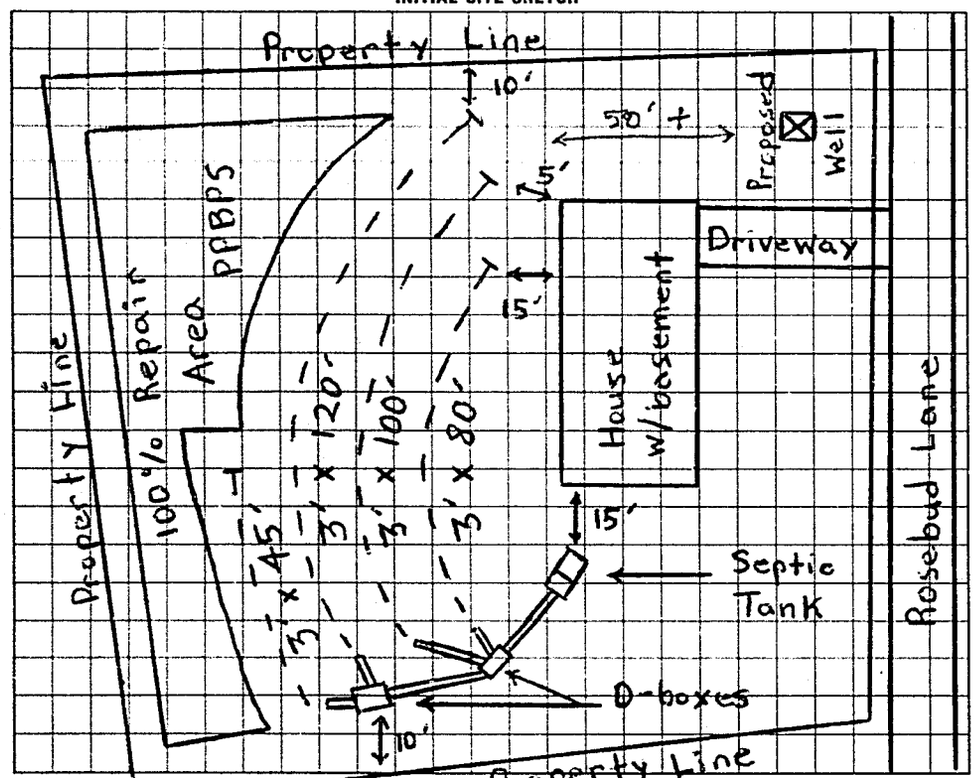
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other ☑ Basement wo/plumbing

Comments Install System SHALLOW (no deeper than 28" to trench bottom) Keep Nitrification Lines on contour, keep system 15' from basement foundation, 5' from any other foundation, 10' from all property lines, 50' min. from Well. 100% Repair Area below system, PPBPS, gravity fed.

**INITIAL SITE SKETCH**




**AS BUILT SKETCH**

SAME AS INITIAL SKETCH

* Fill material brought in over drain lines, approx 1' of fill.

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: Paul L Wheatley

Improvement Permit by: Michael J. Dennis date 7-22-93

Existing System Inspection by: _____ date _____

Installed by: James Hudler

Certificate of Completion by: Michael J. Dennis date 3-16-94

Operation Permit by: _____ date _____

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