46606

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. 15968 DATE 8-17-93 TAX MAP NO. 3C-2-A-7

OWNER OR CONTRACTOR William J. Pfeufer PHONE: Business _____ Home (704) 528-0981

ADDRESS Rt. 2. Box 236A Troutman, N.C. 28166

LOCATION From Troutman TR Perth Ch. Rd. TR State Park Rd TL Morrison Farm Rd. TL Buttennut Rd. 4th house on R.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P.S. L.T.A.R. .3 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well

Septic Tank: 1500 Gallons; STB 780 Date 8-4-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200'

No Lines 2 Trench Width 36" Trench Depth 24"-30" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☑ Other This permit voids permit issued 3-18-93

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

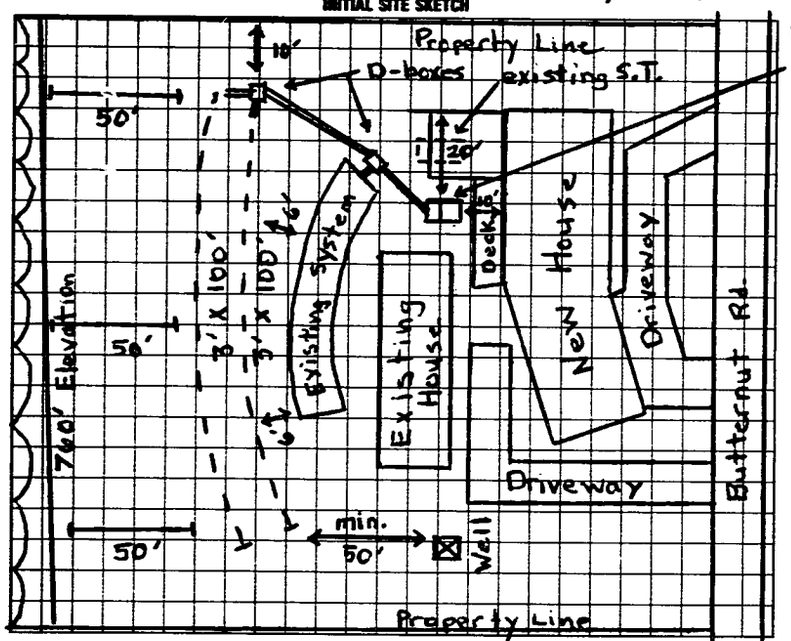
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep Lines on contour. Crush and abandon existing Septic tank, add new tank. Feed existing drain field 1st., repair lines last. Keep repair lines 6' from existing drain lines, 10' from all property lines, 50' from 760' elevation, and 50' from well. Existing home to be torn down when new AS BUILT SKETCH is moved into.

INITIAL SITE SKETCH



AS BUILT SKETCH

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: William J. Pfeufer

Improvement Permit by: Michael J. Dennis date 8-17-93

Existing System Inspection by: _____ date _____

Installed by: Younts and Son

Certificate of Completion by: Michael J. Dennis date 9-14-93

Operation Permit by: _____ date _____

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