IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 51070

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

PROPERTY DESCRIPTION NO. 18221 DATE 4-11-94 TAX MAP NO. 3C-2-A-50 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Thomas Lofton PHONE: Business Home 528-0595

ADDRESS Rt 2 Box 240-B Troutman, N.C. 28166

LOCATION From Troutman take Perth Rd TR State Park Rd. TL Morrison Farm Rd TL Willow Pt TL Stillwater Lot ± 1/10 mile on R

SUBDIVISION NA BLOCK / SECTION — LOT NA LOT AREA ± 1.0 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank 1000 Gallons; STB 794 Date 7-7-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Conventional, gravity fed.

Repair System Description: pump to conventional

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees —

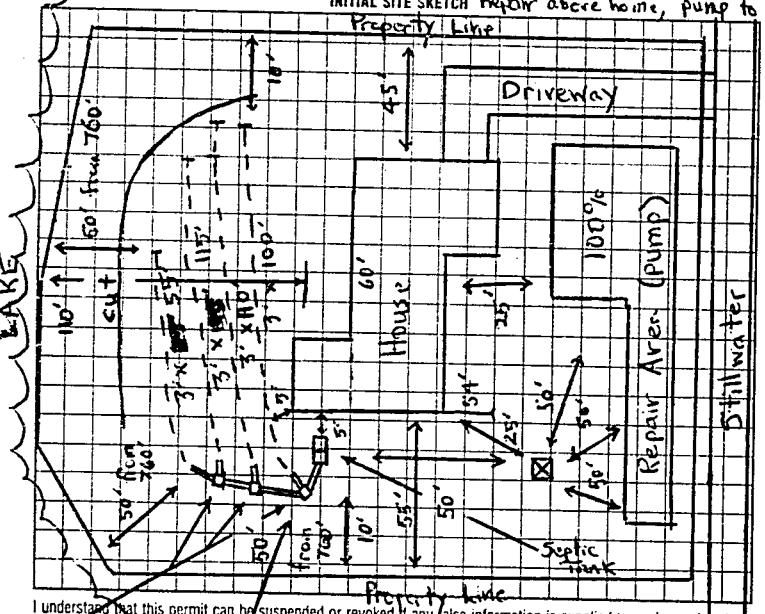
☐ Other —

Water Supply: ☑ Individual ☐ Community ☐ Public

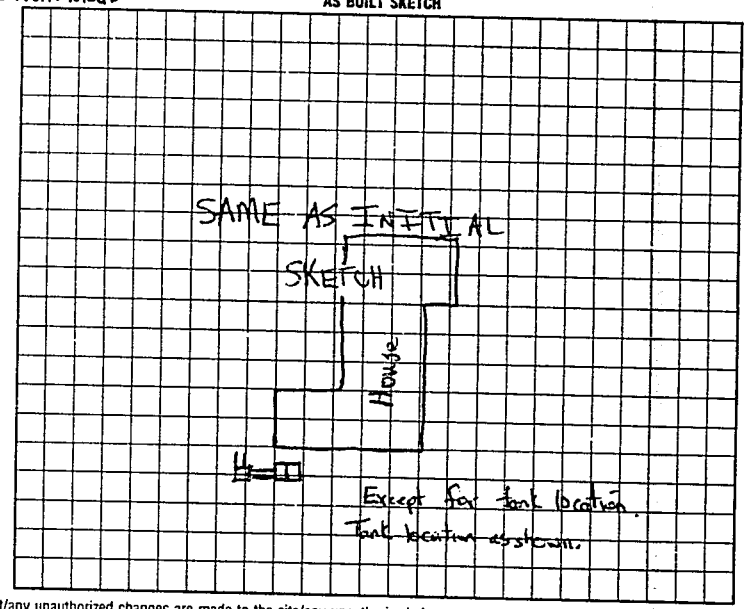
Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep Nitrification lines and Trenches on contour. Keep System, 50' from 760' elevation mark, 10' from all property lines, 5' from foundation of home, and 50' from any well. 100%

Comments: Checked 1st 2 lines on 9-9-94. Also checked tank on 9-9-94 ~~Repair~~ 50' from any part of septic system. First 2 lines installed ~ 20" to bottom of trench on lower side. Checked last two lines 9-12-94.

INITIAL SITE SKETCH Repair above home, pump to conventional.



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.

Drop boxes

Signed: [signature]

Improvement Permit by: Michael J. Dennis date 4-11-94

Existing System Inspection by: — date —

Installed by: Wes Lytton

Certificate of Completion by: Michael J. Dennis date 9-12-94

Operation Permit by: — date —

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