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. 15688 DATE 1-24-94 TAX MAP NO. 3C-2-A-49

OWNER OR CONTRACTOR Patsy J. Tsitouris PHONE: Business Home 528-9937 Watershed: ☐ Yes ☑ No

ADDRESS Rt. 2 Box 241B Stillwater Rd. Troutman

LOCATION From Troutman take Perth Rd. TR State Park Rd. TL Morrison Farm Rd. TL Willow Point TL Still Water Lot on R.

SUBDIVISION N/A BLOCK / SECTION 17 LOT 49 LOT AREA ±.79 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .34 gpd/ft²

Septic Tank: 1000 Gallons; STB 358 Date 11-29-93

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350'

No Lines 3 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

Repair System Description: Pump to conventional

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☑ Other 2 Bedroom MH to be located at this time

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

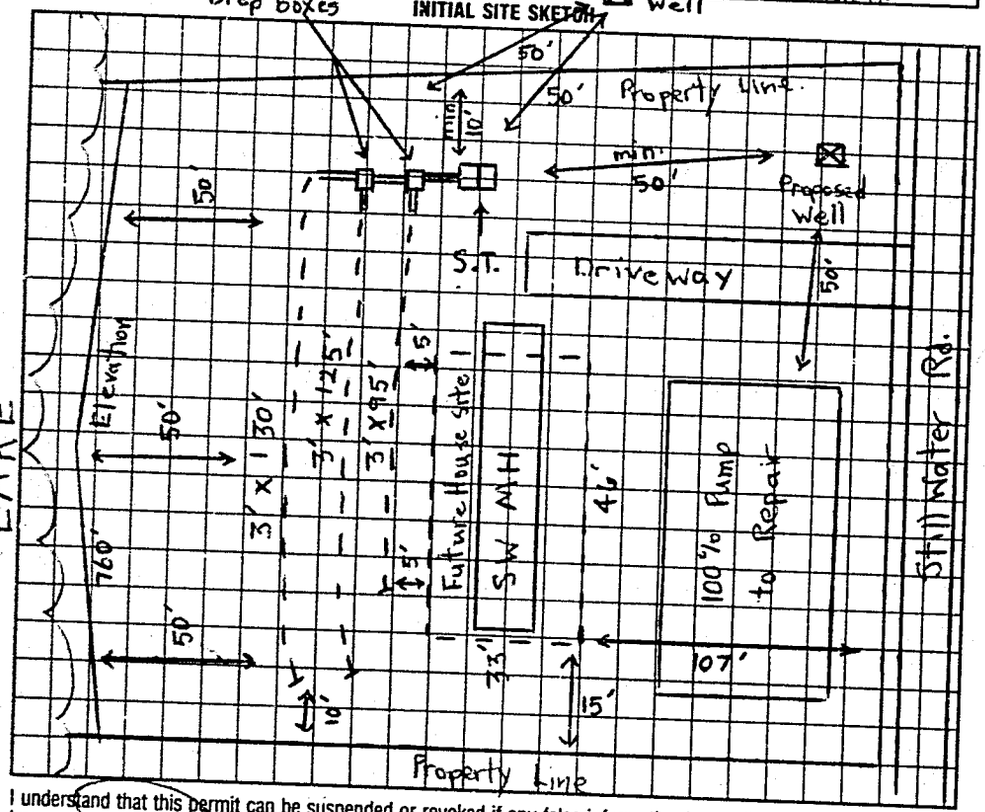
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

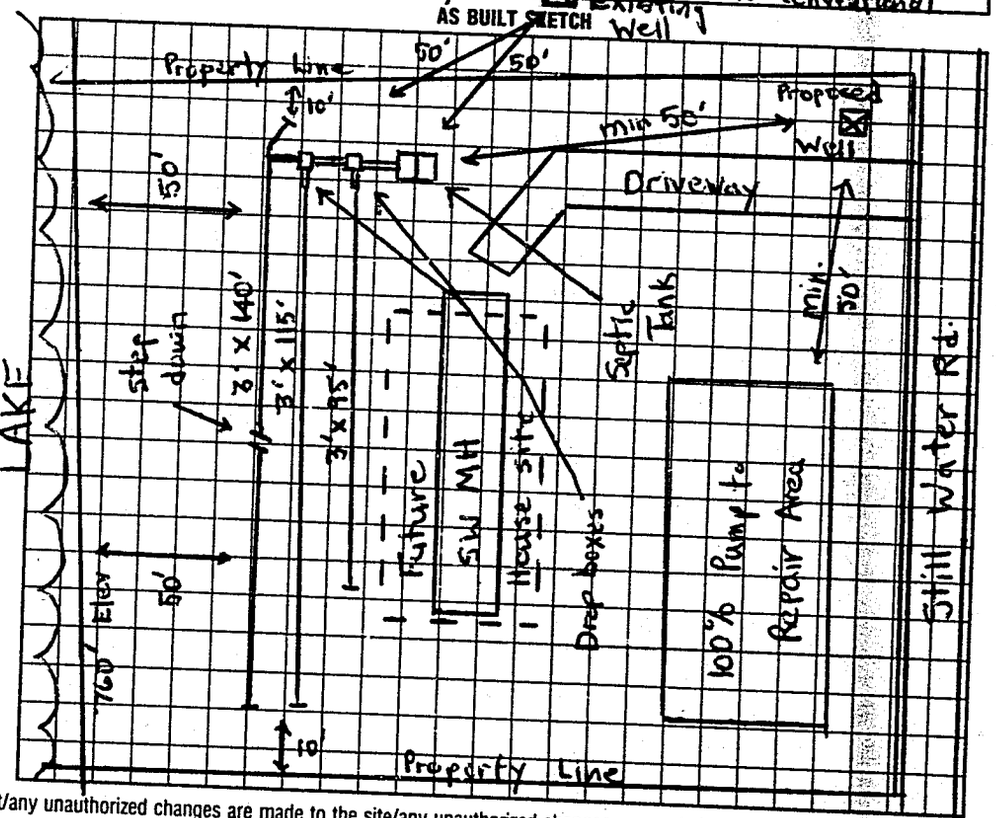
Comments: Install system no deeper than 30" to bottom of trench. Keep lines on contour. Keep system 50' from 760' elev., 50' from any well, 10' from all property lines, and 5' from building foundation. 100% Repair above home, pump to ☒ Well conventional

Comments: Third drain line (lowest or closest to water) had to much fall (10"), had to install step down. Well not located at time of inspection, keep well min 50' from system and repair Area 100% Repair Area above home, pump ☒ Existing Well to conventional

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: [signature]

Improvement Permit by: Michael J. Desmond / J.E. Moore date 1-24-94

Existing System Inspection by: ____ date ____

Installed by: Kenny Pearson

Certificate of Completion by: Michael J. Desmond date 2-8-94

Operation Permit by: ____ date ____

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