MEDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 2005 DATE 7/21/95 TAX MAP NO. 3C-2-A-49 Reserved ☐ Yes ☐ No

OWNER OR CONTRACTOR Patsy T. Stevens PHONE Business Home 528-9937

ADDRESS 233 Stillwater Road Troutman NC

LOCATION State Park Road, Off on Morrison Farm Lane off William Point Lane off Stillwater Lake on Rt

SUBDIVISION C.U. BLOCK/SECTION 17 LOT 49 LOT AREA 26.29 SOIL CLASS 5 DESIGN FLOW _____ L.S.A.R. _____

Septic Tank _____ Gallons STP _____ Date _____
Pump Tank _____ Gallons P.E. _____ Date _____
Pump Make _____ Model _____ Serial _____
Infiltration Field: No Fields _____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____

☐ New System ☐ Repair System Type _____
System Description Conventional Gravity
Repair System Description Conventional (Rep)
Maintenance Agreement Required ☐ Yes ☐ No
Grave Depth _____ ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

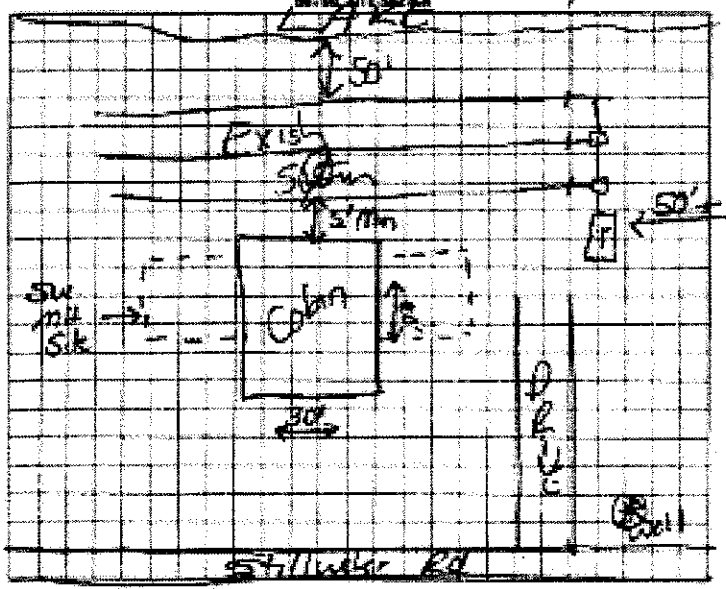
☐ House/Mod Home No. Bedrooms _____
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
View 2 Br Cabin

Water Supply
☐ Well/Spring
☐ Community
☐ Public

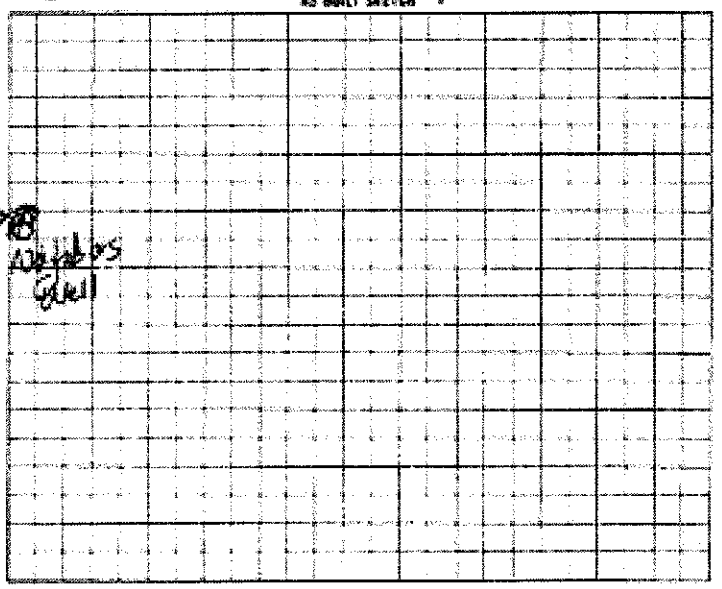
Comments: Small Cabin Replace 2B MH
Maintain 5' from all parts of septic system

Comments: System Finished Properly At Time of Inspection

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 or any conditions and changes are made in the installation of the system contemplated. 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: _____ date: 7/21/95 Operation Permit by _____ date _____

HEALTH DEPT. COPY (WHITE) INSPECTOR COPY (PINK) OWNER COPY (YELLOW) INSPECTOR COPY (WHITE) PINK OWNER COPY (YELLOW) GOLD