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. _____ DATE 7/28/00 TAX MAP NO. _____ Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Victor C Hall PHONE: Business N/A Home _____

ADDRESS 125 Cullen Place Troutman, NC. 28166

LOCATION Perth Tr to Fern Hill Tr Briarwood (R) on Cullen Drive at 11:00

SUBDIVISION C L + T BLOCK / SECTION 15 LOT 132 LOT AREA ~.69AC SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields EXISTING Square Feet Linear Feet 250'

No Lines 4 Trench Width 12" Max Trench Bottom Depth ??? Gravel Depth 16"

[ ] New System [ ] Repair System Type: I (II) III, IV, V, VI

System Description: GRAVITY BED

Repair System Description: _____

Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees _____

[ ] Other _____

[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [ ] Community [ ] Public

Comments: COMPLETION 3/31/99 - DENNIS CALL

Comments:

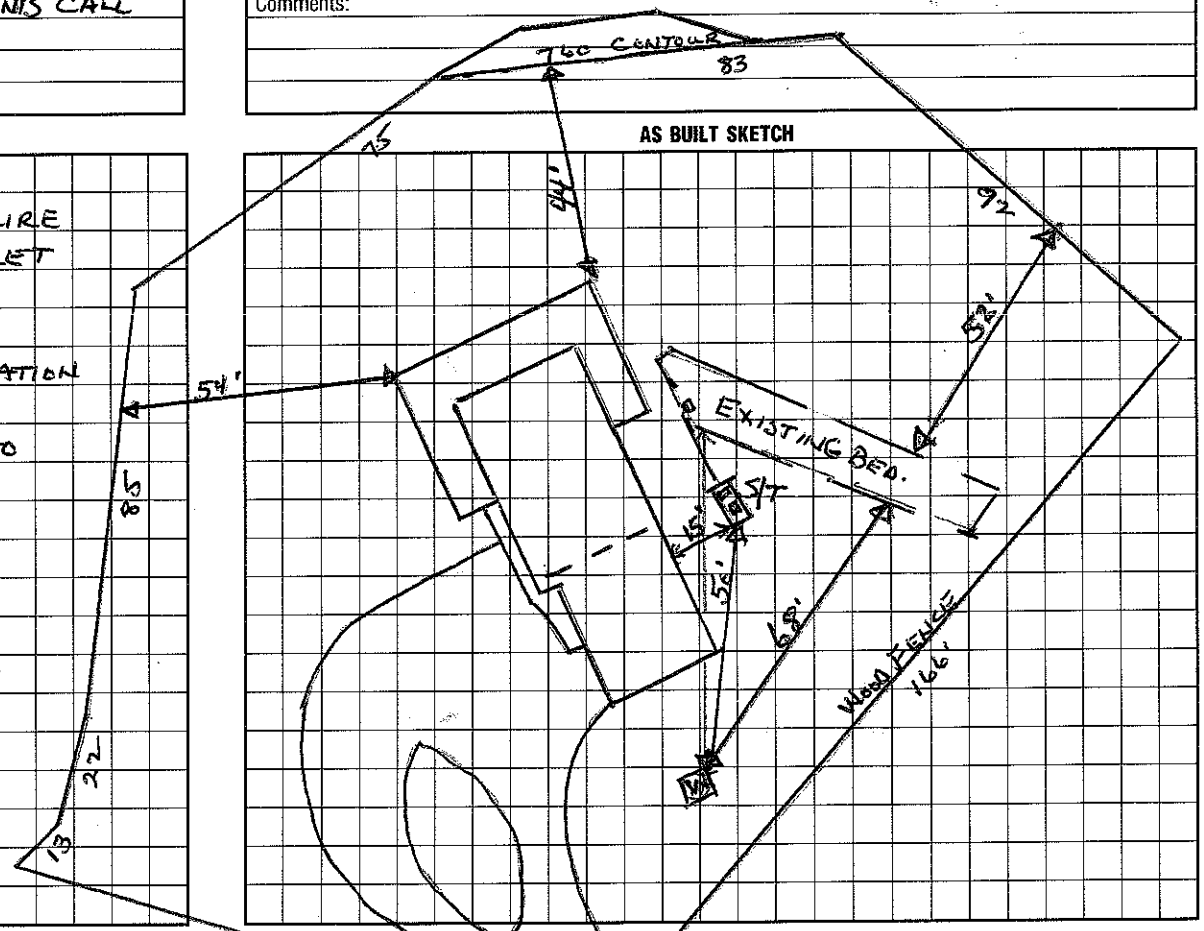
INITIAL SITE SKETCH

NOTE: PLUMBING IN BASEMENT WILL REQUIRE USE OF GRINDER PUMP PLUMBED TO INLET COMPARTMENT OF SEPTIC TANK.

NOTE: ANY REPAIR WILL REQUIRE RELOCATION OF LEFT HALF OF DRIVEWAY OR ACQUIRING RIGHT TO PUMP OFF LOT TO A AREA APPROVED BY IREDELL CO HEAL. DEPT STAFF.

NOTE: This is only for adding 3RD bedroom for the existing structure; Any new construction will require additional approval from the Iredell County Health Dept.

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.

Signed: _____ 7-31-00

Improvement Permit by: _____ date 7/28/00

Existing System Inspection by: Wesley Sparks R.S. date 7/28/00

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 7/28/00

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