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. 22145 DATE 10/26/95 TAX MAP NO. 3F 6 A 3/4 4649 38 0001 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Clarence + Vardene Tucker PHONE: Business _____ Home 528-2029

ADDRESS 118 Jasmine Cir Troutman, NC. 28166

LOCATION Carlton Rd. (SR) on Jasmine to 2nd lot on (R)

SUBDIVISION Milking Acres BLOCK / SECTION _____ LOT 3/4 LOT AREA 200 X 200 SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~Existing~~ ~~Linear Feet~~ _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 12"

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

System Description: conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

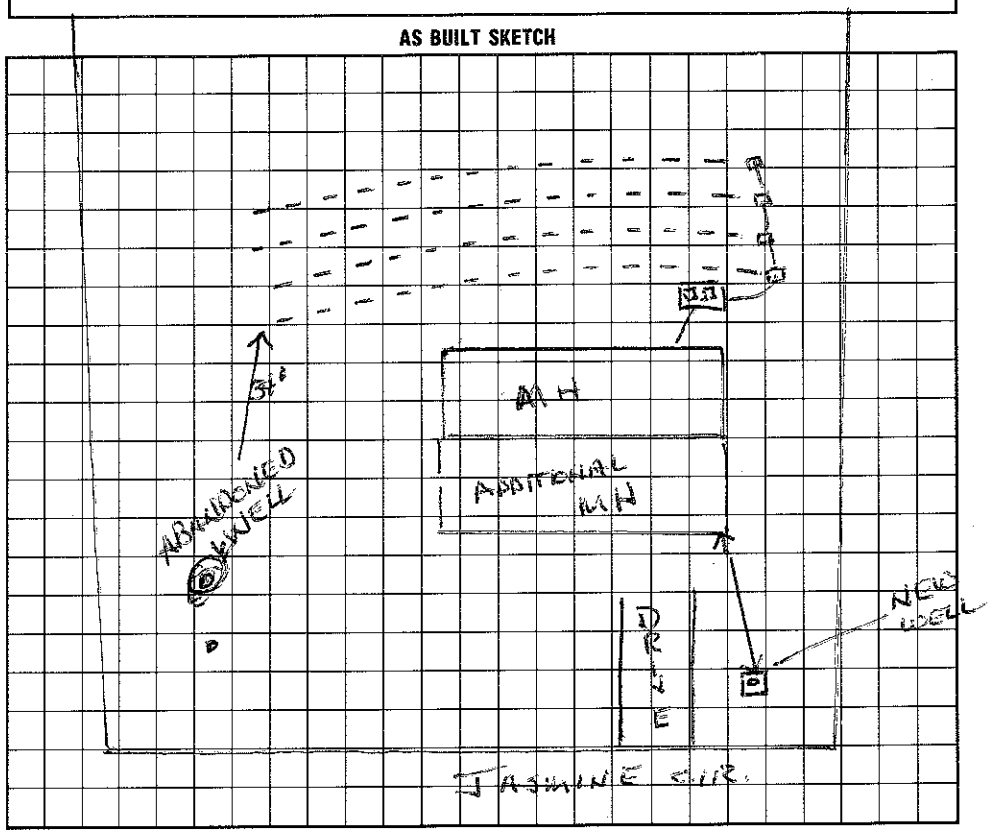
Water Supply:
☒ Individual
☐ Community
☐ Public

Comments:

Comments: Abandoned old D/W and drilled new well

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.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: Contractor Wesley Sparks date 10/26/95

Operation Permit by: Wesley Sparks R.S. date 10/26/95

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