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# 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. 2925 DATE Nov. 29, '95 TAX MAP NO. part of 4H 2411 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Keith Carroll PHONE: Business _____ Home _____

ADDRESS 195 Forest Belk Rd. Mt Ulla

LOCATION Triplett Road TR Confederate Rd. - TR Cool Creek LN. on Right near end 132 Cool Creek

SUBDIVISION Twin Brooks BLOCK / SECTION 2 LOT 5 LOT AREA .856 Ac SITE CLASS: B pre 1956 DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 194 Date 6/10/96

Pump Tank: 1000 Gallons; PT 12 Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: pumped/pm/INF/Heater

Repair System Description: Same or LP Panel

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

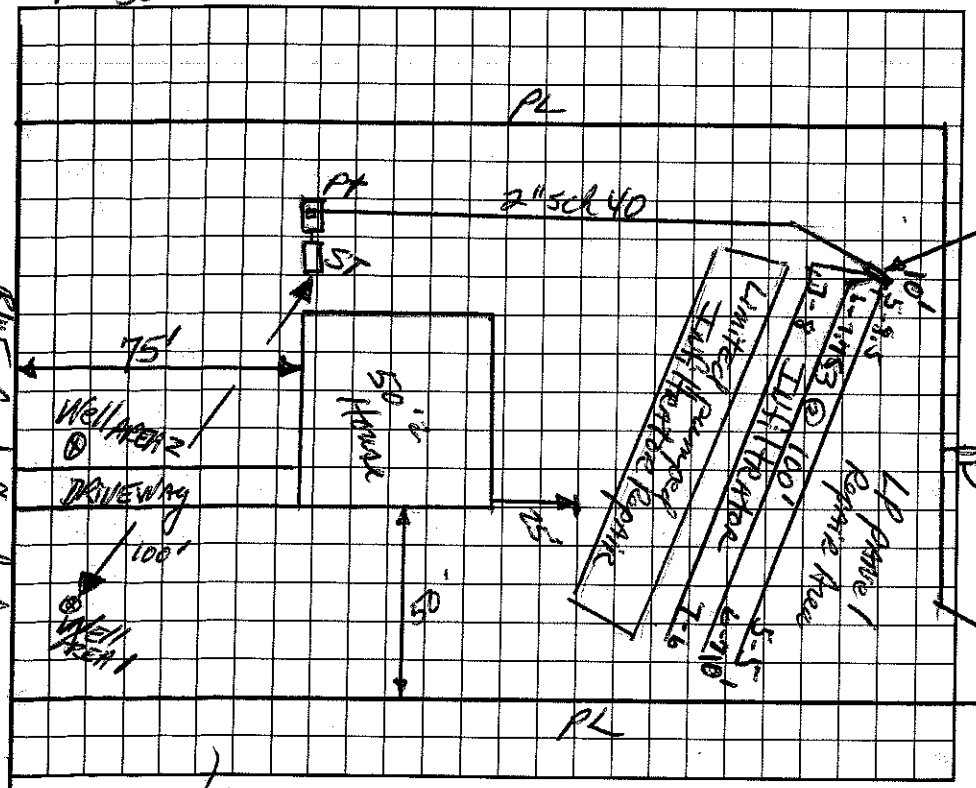
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: House to be located in existing low area (natural drainageway), Grading of house area to divert stormwater towards midpoint between house and street.

Comments: Lines, Tanks Checked on 8/9/96

### INITIAL SITE SKETCH

1"=50'




### AS BUILT SKETCH

The proposed / existing DINING Room addition does not appear to impact the existing septic system.

**NOTE: SEE PLAN

R.S.

#207270 Date: APPROVED DEC 29 2014

ICHD-Environmental Health Division

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: _____, RS date 11-29-95

~~Existing System Inspection by:~~ Authority to Construct _____, RS date 11-29-95

Installed by: Larry Tucker Jr.

Certificate of Completion by: _____ date _____

Operation Permit by: _____ EHS date 8/29/96

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