TREDELL COUNTY HEALTH DEPARTMENT

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

54430 10:00 Corey Miller

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

PROPERTY DESCRIPTION NO. 20164 DATE 2-2-95 TAX MAP NO. 3Q - A - 60 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Linda Ritchie PHONE: Business ____ Home 528-0544

ADDRESS 107 Coventry Hills Lane Troutman, N.C. 28166

LOCATION I40 W TL Old Mtn. Rd TR Buffalo Shoals Rd TR Troutman Shoals Rd Lot near end on R.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 3.9 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .3 gpd / ft²

Septic Tank: 1000 Gallons; STB -821 Date 1/6

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No. Lines 7 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 fed

Repair System Description: pump, gravity conventional

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

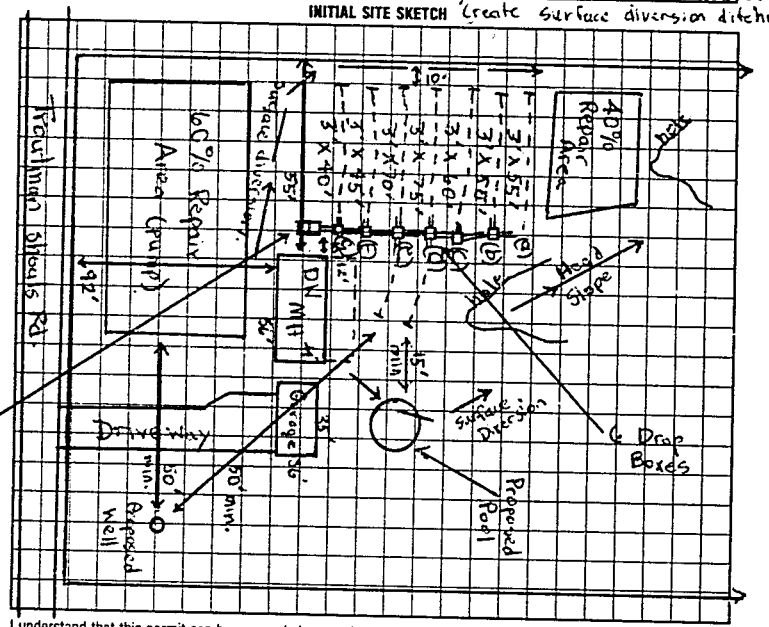
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and out of low area. Keep system max. feasable distances from any well and no closer than 50'.

Comments:

INITIAL SITE SKETCH Create surface diversion ditches around septic system to divert surface water. 100% Repair Above and below system part gravity fed, part pump, to conventional.



AS BUILT SKETCH

Exact as shown except Lines A, B, C are slightly different lengths but correct. As built 3/7/95 CM

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: Linda Ritchie

Improvement Permit by: Michael O. Dennis date 2-2-95

Existing System Inspection by: ____ date ____

Installed by: Corey Miller

Certificate of Completion by: ____ date 3/7/95

Operation Permit by: ____ date ____

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

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