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. Repair DATE 6-22-93 TAX MAP NO. Repair

OWNER OR CONTRACTOR Janelle Tadlock PHONE: Business _____ Home _____

ADDRESS _____

LOCATION I-40 W, TL Old Mtn. Rd. TR Buffalo Shoals Rd. TR Troutman Shoals Rd. 3rd House on R.

SUBDIVISION Troutman Trace III BLOCK / SECTION _____ LOT 2 LOT AREA 2 ± 1.0 acres SITE CLASS. P.S. L.T.A.R. .4 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well

Septic Tank: Existing Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

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

No Lines 3 Trench Width 36" Trench Depth 36" Gravel Depth 12"

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

System Description: conventional, gravity.

Repair System Description: _____

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

Garbage Disposal: ☐ Yes ☑ No

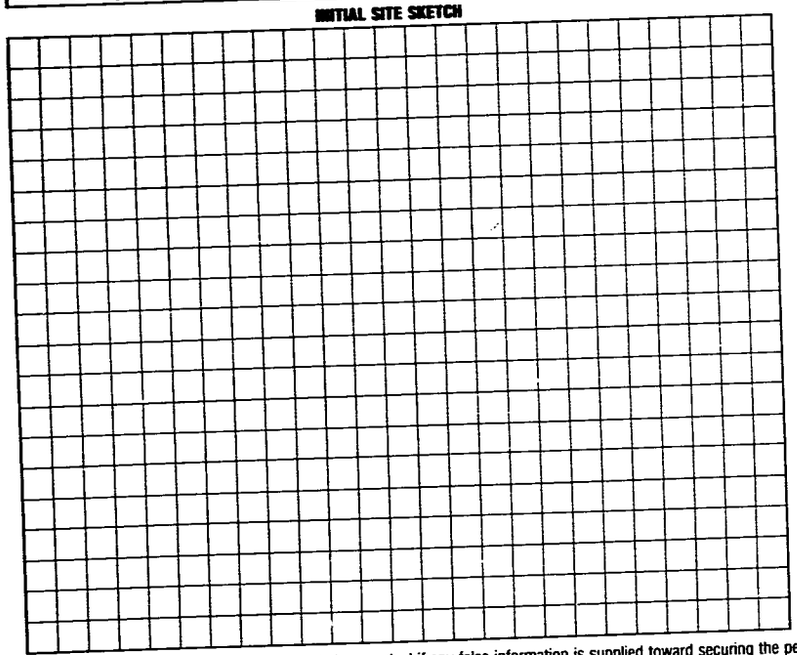
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

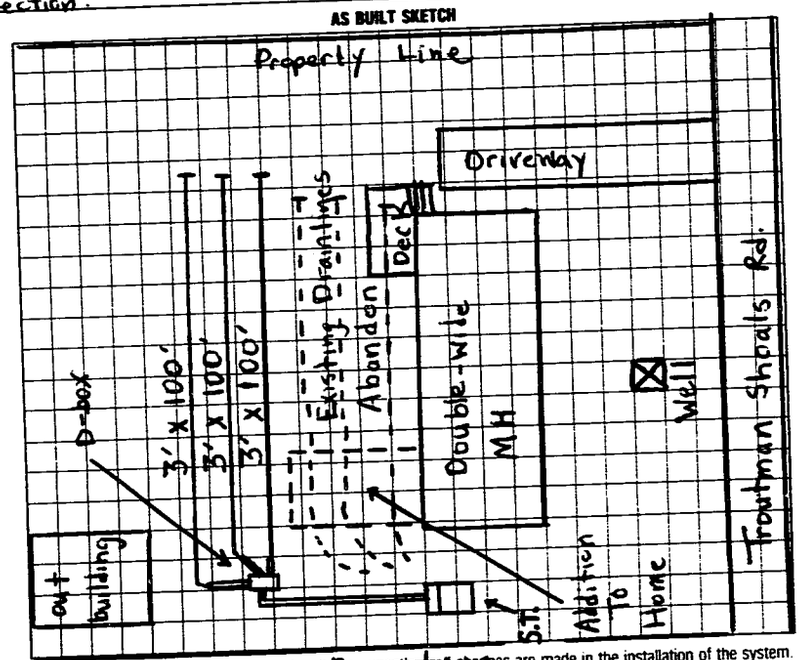
Other _____

Comments initial septic system was under area where addition to house was located. System was also failing. Abandoned system for those reasons and put in new drainlines. Check for leaks in home, continuous run into tank 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/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: _____ 5-18-93

Improvement Permit by: Michael J. Dennis date 6-22-93

Existing System Inspection by: _____ date _____

Installed by: Cuthbertson & Son Backhoe.

Certificate of Completion by: Michael J Dennis date 6-22-93

Operation Permit by: _____ date _____

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