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. 18938 DATE 9-12-94 TAX MAP NO. 3E-B-13 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR R.A. Stradley PHONE: Business _____ Home 528-6777

ADDRESS Rt. 2 Box 218 Troutman, N.C. 28166

LOCATION From Troutman take Old Mtn. Rd TL East Mamlo Rd TL Hicks Creek Rd. Lot on R approx. 1/2 mile.

SUBDIVISION NA BLOCK / SECTION NA LOT NA LOT AREA 30 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank: Existing System Inspection Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

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

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

System Description: Existing System Inspection

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☐ Other _____

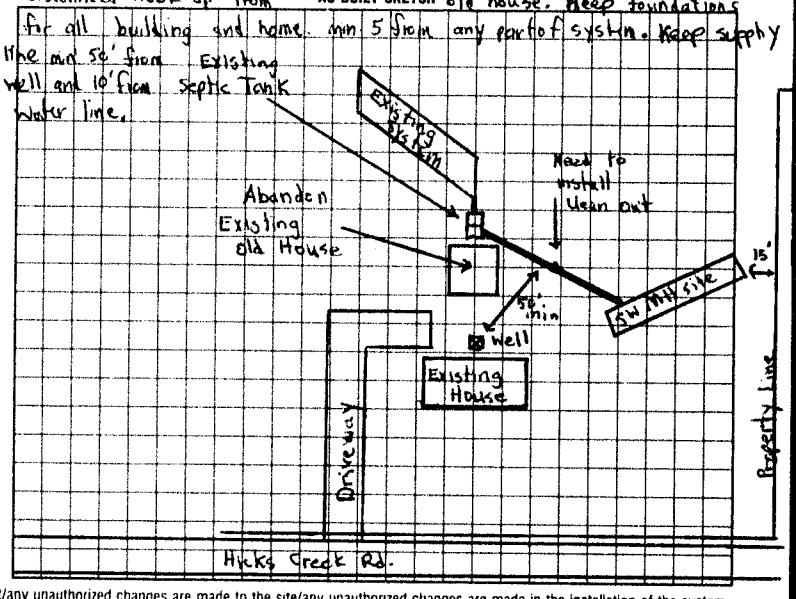
Water Supply:
☑ Individual
☐ Community
☐ Public
Share Well With Home.

Comments:

Comments: System for old abandon house to be used for SW MH. System has been abandon for an extended period of time. System shows no visible signs of malfunction at time of inspection. System origally sized for old 3 Bedroom House. disconnect hook up from old house. Keep foundations for all building and home. min 5 from any part of system. Keep supply line and 50' from Existing well and 10' from Septic Tank water line.

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael Dennis date 9-12-94

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by _____ date _____

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