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 11-10-97 TAX MAP NO. Repair

OWNER OR CONTRACTOR Laura Barth PHONE: Business Home 528-6595 Watershed: ☐ Yes ☐ No

ADDRESS 765 East Mombo Rd Troutman

LOCATION OMN TIE Mombo 2.5 mile on left

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. 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 990 Linear Feet 330

No Lines 5 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

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

System Description:

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

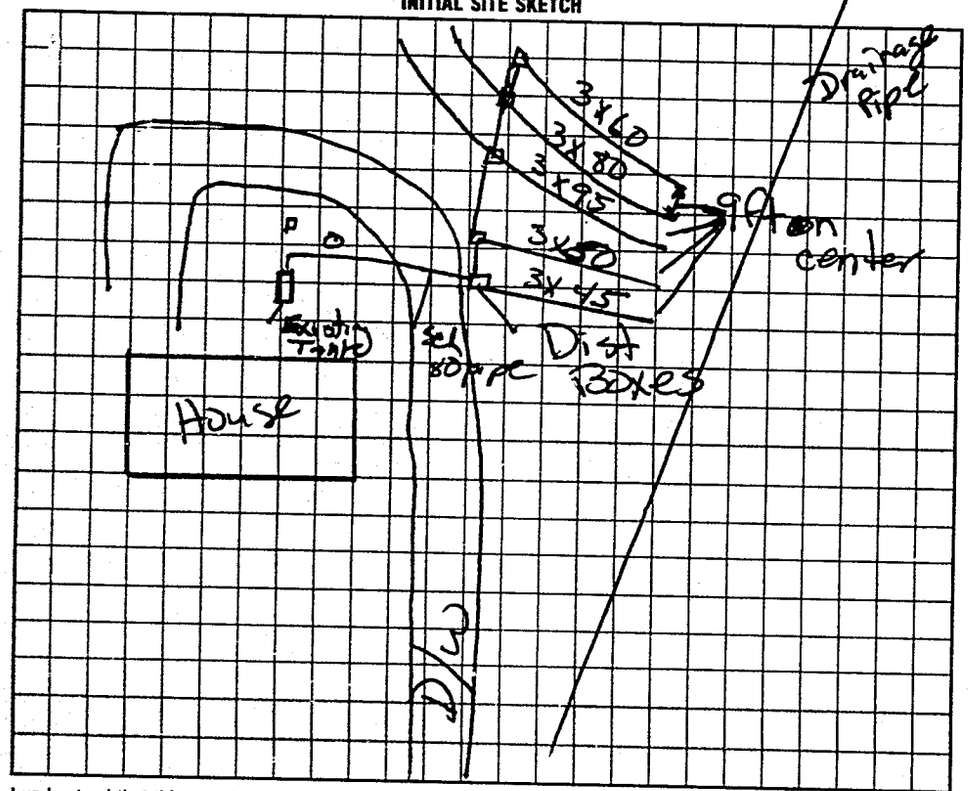
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Community
☐ Public

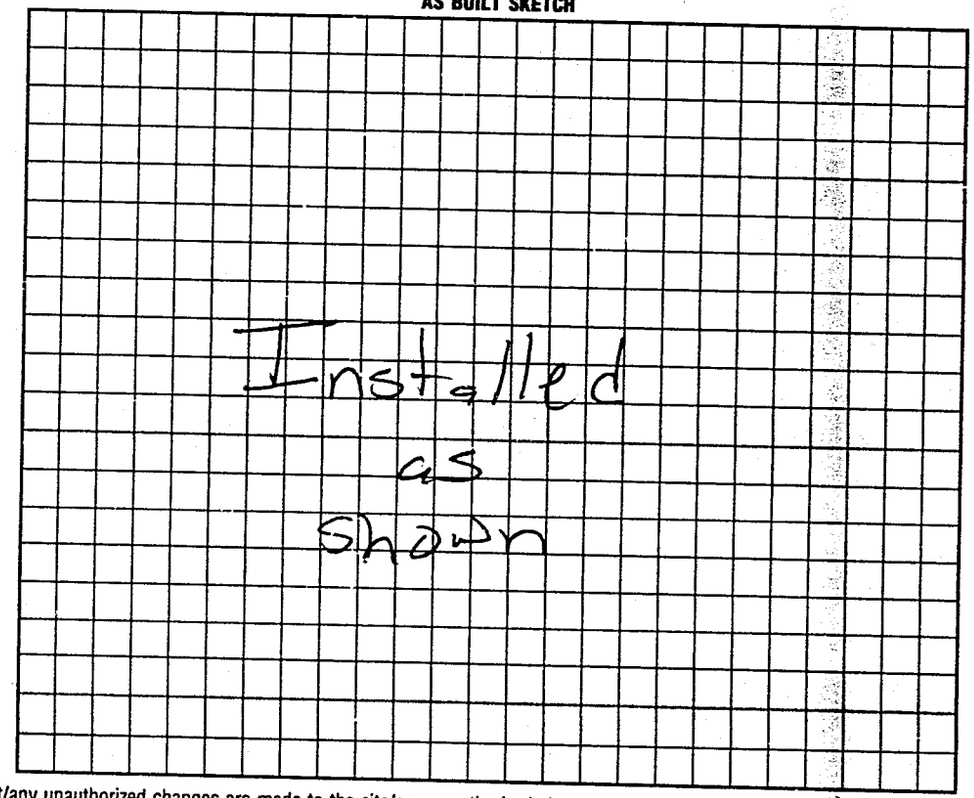
Comments: Old Dist Box may be busted, could not locate old lines
& Must use Sch 80 or ductile Iron under Driveway

Comments:

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: Laura L. Barth

Improvement Permit by: Mark C Outlaw date 11-10-97

~~Existing System Inspection by:~~ Author's stamp to conf. Mark C Outlaw date 1-10-98

Installed by: Sammy Reavis

Certificate of Completion by: date

Operation Permit by: Mark C Outlaw date 1-13-98

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