IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 50694

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

PROPERTY DESCRIPTION NO. 17032 DATE 3-9-94 TAX MAP NO. 8K-9-A-41 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Sylvia Hanafey PHONE: Business _____ Home 528-3875

ADDRESS 530 Georgie St. Troutman, N.C. 28166

LOCATION I40W TL Old Mtn. Rd. TL Ridge Dr TL Angus Trail Lot on L at end of cul-de-sac

SUBDIVISION Spring Meadows BLOCK / SECTION _____ LOT 41 LOT AREA 1.620 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft2

Septic Tank: 1000 Gallons; STB 1012 Date 6-8-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 5 Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

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

System Description: Conventional, gravity fed

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 1-5 No. Employees —

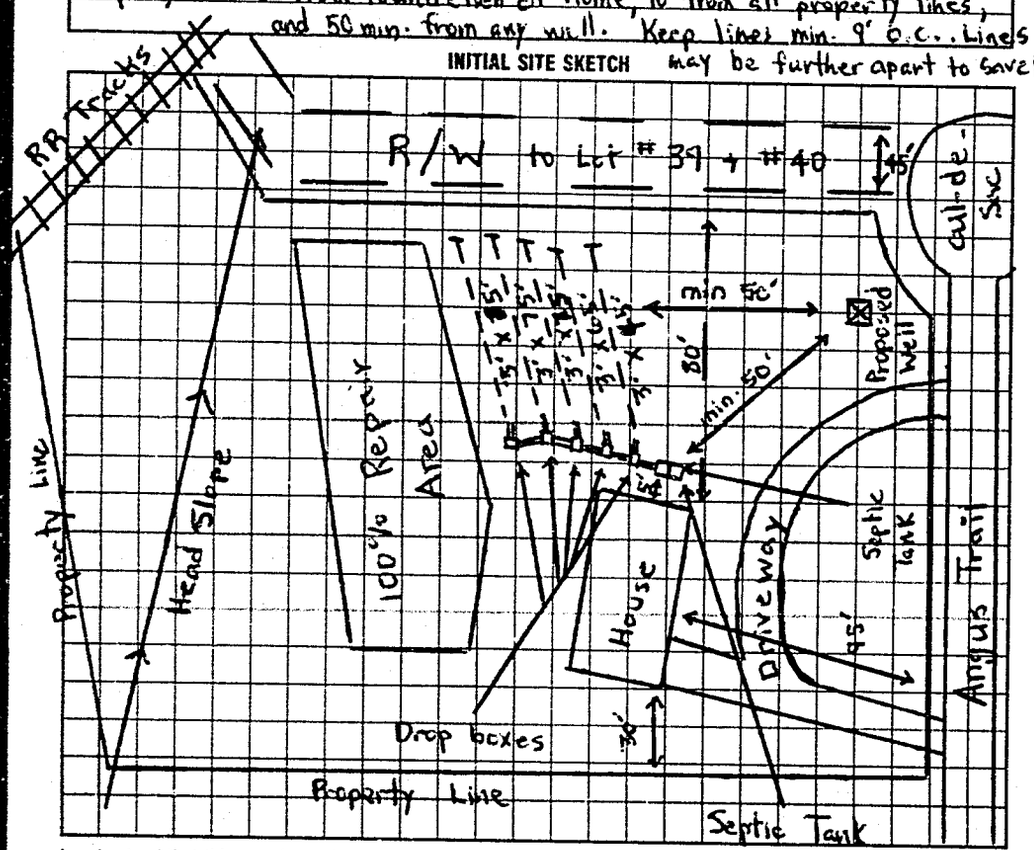
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 28" to trench bottom) Keep Nitrification lines and Trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and 50 min. from any well. Keep lines min. 9' o.c.. Lines may be further apart to save trees. 100% Repair

Comments: Well located 50'± from septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH

Area below system, conventional, gravity fed.

SAME AS INITIAL 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: X Sylvia Hanafey

Improvement Permit by: Michael J. Dennis date 3-9-94

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: Michael J. Dennis date 8-30-94

Operation Permit by: _____ date _____

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