58194

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. 22054 DATE 9-5-95 TAX MAP NO. 6E-15-A-3 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR D & D Enterprises PHONE: Business _____ Home 528-6192

ADDRESS P.O. Box 252 Troutman, N.C. 28166

LOCATION I-40 W TL Stoney Farm Rd. TL Hwy 70 TR Airport Rd TL Buffalo Shoals Rd 1st Lot on R past Ravenwood Dr.

SUBDIVISION Ravenwood 3rd BLOCK / SECTION — LOT 3 LOT AREA 125'x 232' SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 1-17-96
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. 409'
Nitrification Field: No Fields 1 Square Feet 1780 Linear Feet 270
No Lines 34 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair System Type: I ☑ II. IV. V. VI
System Description: conventional, gravity fed
Repair System Description: pump to conventional
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

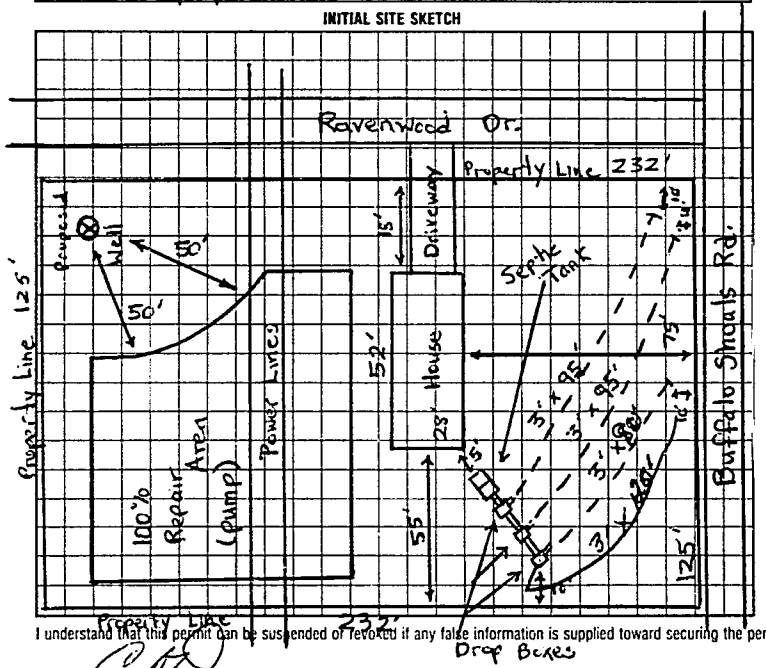
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

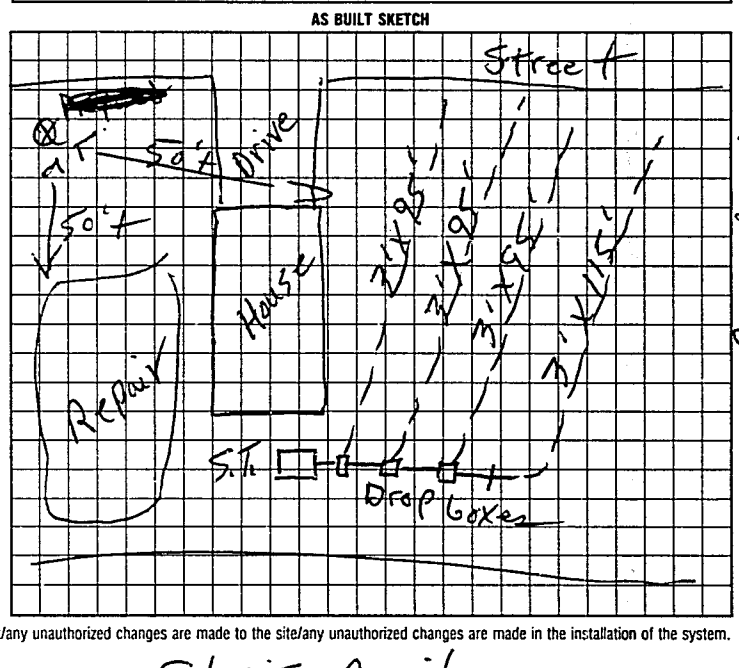
Comments: Install lines and trenches on contour. Keep system min. 5' from foundation of home, 10' from all property lines and max. feasible distance from any well and no closer than 50'. 100% Repair above home pump to conventional.

Comments: System was installed For 3 bedroom House

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.

Signed: _____

Improvement Permit by: Mitchell Dennis / J.C. Moore date 9-5-95

Existing System Inspection by: _____ date _____

Installed by: Chris Davidson

Certificate of Completion by: _____ date _____

Operation Permit by: J. C. Moore date 5-10-96

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

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