IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 55684

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

PROPERTY DESCRIPTION NO. 20819 DATE 4-27-95 TAX MAP NO. 3E-B-27 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Ann Johnston PHONE: Business _____ Home 528-7862

ADDRESS 517 Cider, Troutman, N.C. 28166

LOCATION From Troutman take Perth Rd TR Stoke Park Rd. Lot past Morrison Farm Rd on R just past burned MH and before last house on R before state park

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 19.6 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 2-31-95
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" 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

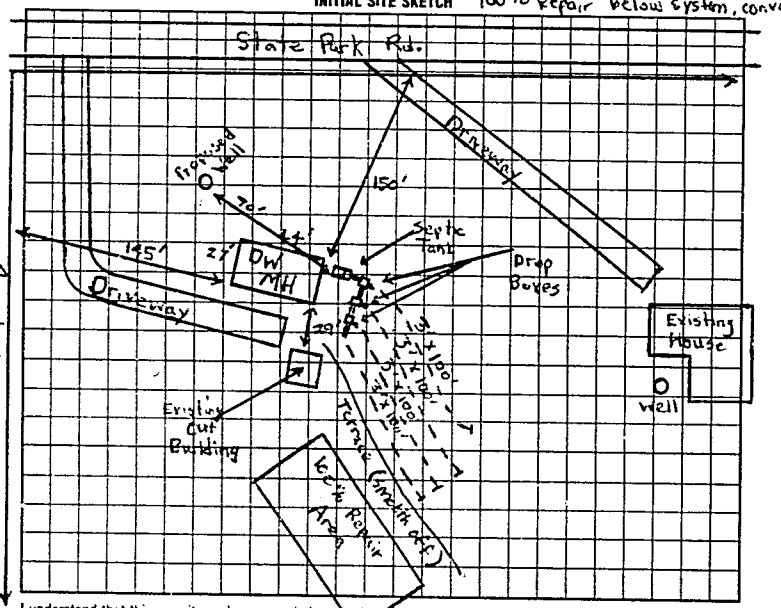
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ___
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) keep lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and max. feasable distance from any well and no closer than 50'. Smooth off terrace below system.

Comments: Tank had to be moved due to it being set in wrong location. Inspect middle 2 lines on 6-5-95. System open to periods of very hard rain. May affect life span of system.

INITIAL SITE SKETCH 100% Repair below system, conventional, gravity fed



AS BUILT SKETCH

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: _____

Improvement Permit by: _____ date 4-27-95

Existing System Inspection by: _____ date _____

Installed by: Donald Fackler

Certificate of Completion by: _____ date 6-7-95

Operation Permit by: _____ date _____

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

8 2 8 0 0 0