IREDELL COUNTY HEALTH DEPARTMENT

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

44665

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

PROPERTY DESCRIPTION NO. Town of Trautman DATE 4-7-94 TAX MAP NO. 3E A 38 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Jerry & Lorine Kennedy PHONE: Business _____ Home 528-0147

ADDRESS Rt. 2 Box 186 I, Trautman, N.C. 28166

LOCATION From Trautman TR Talley Rd TL Lytton Rd Lot at end on R.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 1.72 acres SITE CLASS Existing DESIGN FLOW 360 L.T.A.R. Existing .4

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank: Existing Gallons: PT _____ Date _____

Pump Make: _____ Model System Serial No. _____

Nitrification Field: No Lines _____ Square Feet _____ Linear Feet _____

Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing System

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 2

☐ Business No. Employees _____

☐ Other _____

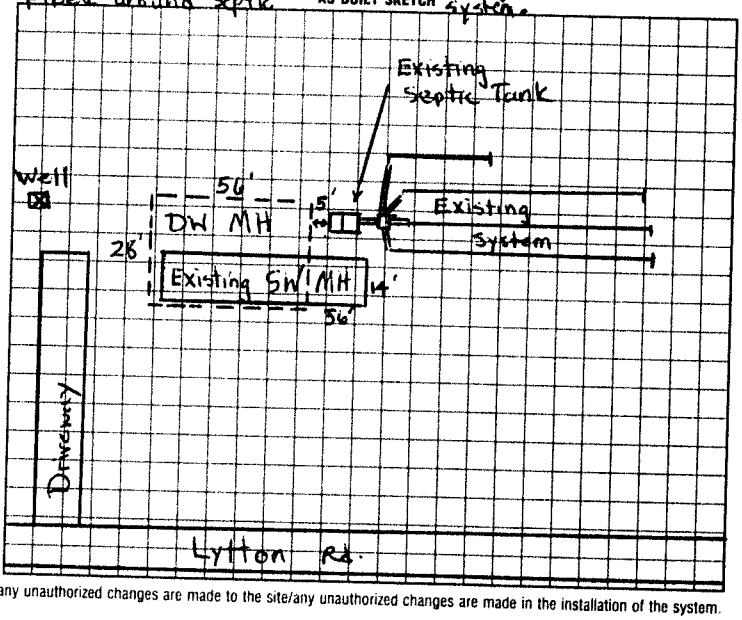
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Replacing 3 Bedroom SW MH with 3 Bedroom DW MH. Keep DW min. 5' from any part of septic system. System shows no visible signs of malfunction at time of inspection. Recommend that all gutter drains be piped around septic system.

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 D. Dennis date 4-7-94

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