46363

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. Troutman DATE 8-4-93 TAX MAP NO. 3# 4B 8

OWNER OR CONTRACTOR Gary Hanson PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Perth Ch Rd TR State Pk Rd TL Pinecroft Ct. House on left

SUBDIVISION Pinecroft BLOCK / SECTION II LOT 8 LOT AREA .65 acres SITE CLASS. P.S. L.T.A.R. .34

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 825 Date 7-2-93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No. Fields 1 Square Feet 1080 Linear Feet 360

No. Lines 4 Trench Width 36 Trench Depth 24to36 Gravel Depth 12

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

System Description: Conv. Gravity

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 1/2 Auto. Dishwasher: ☑ Yes ☐ No

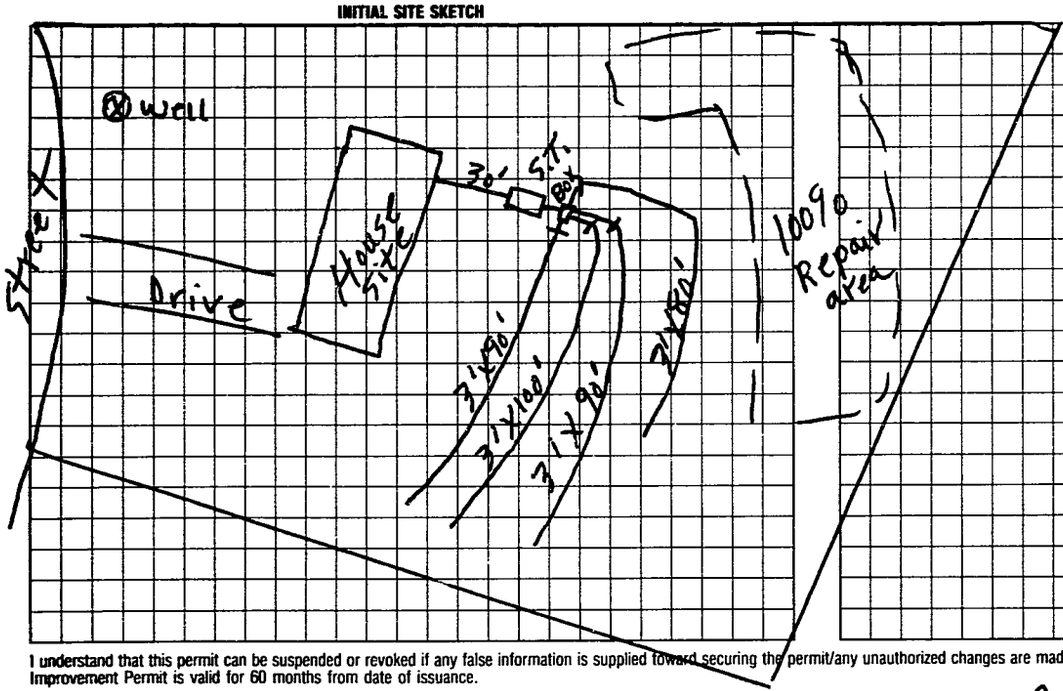
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

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

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: _____ Installed by: Rowan S.T. Co.

Improvement Permit by: J-C. moore date 12-18-92 Certificate of Completion by: J-C. moore date 8-4-93

Existing System Inspection 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