(Building inspections collect fee)

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. Town of Troutman DATE 8-22-95 TAX MAP NO. 3J3L22-24 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Margaret Davis (James Lindsey) PHONE: Business _____ Home 664-6628

ADDRESS 548-C N. Main Street, Mooresville, N.C. 28115

LOCATION From Troutman take Perth Rd TL ERA Drive TR Lake Circle Lot on L

SUBDIVISION NA BLOCK / SECTION NA LOT 22 (Part of 23) LOT AREA ~170'x~175' SITE CLASS. PS, DESIGN FLOW 360 L.T.A.R. .225 sq ft

Septic Tank: 1000 Gallons; STB 794 Date 9-29-95
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet equivalent to 1000 Linear Feet 480'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Chambered Graveless System
Repair System Description: pump to Chambered Graveless Syst
Maintenance Agreement Required: ☐ Yes ☑ No

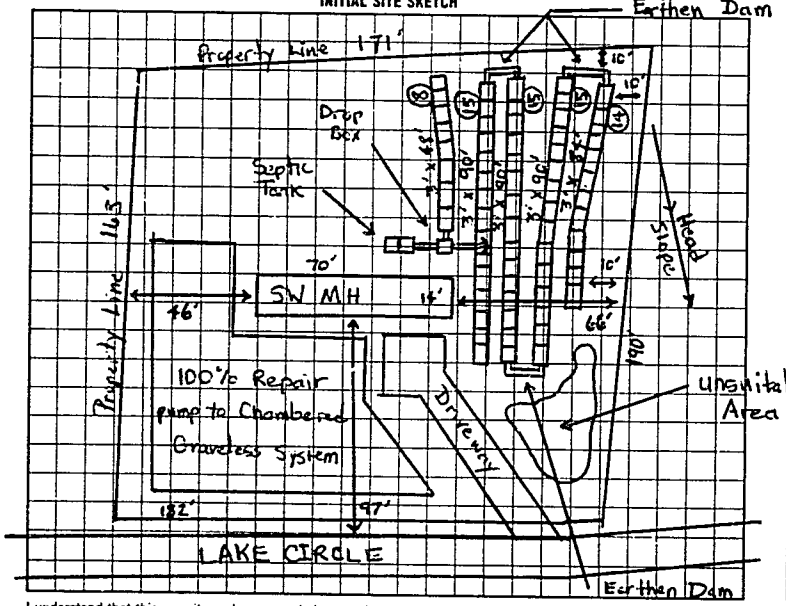
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: Install Chambered Graveless system on Contour of land. INSTALL SHALLOW (no deeper than 24" to trench bottom). Keep System min. 5' from foundation of house, 10' from all property lines, and min. 50' from any well. Also 10' from water line. Install 67 chambers total. Bring in enough sand to fill around lowest any part of system.

Comments: Home not located at time of inspection. Keep it min. 5' from any part of septic system. Keep water line min. 10' from any part of Septic System. Install driveway off of septic system. Do not drive over

INITIAL SITE SKETCH



AS BUILT SKETCH

* Contractor must be certified by the manufacturer.
* If contractor is unsure of installation, contact Health Dept. before installation begins.

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.

Signed: James Paul Lindsey

Improvement Permit by: Michael J. Dennis date 8-23-95

Existing System Inspection by: _____ date _____

Installed by: F. J. Ervin

Certificate of Completion by: _____ date _____

Operation Permit by: Michael J. Dennis date 1-5-96

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

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