58709

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 7-7-95 TAX MAP NO. 3J3B15 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Anthony A. Frascino PHONE: Business _____ Home 663-0906

ADDRESS 304 Normandy Rd. Mooresville, N.C. 28115

LOCATION From Troutman take Perth Rd TL ERA Drive TR 2nd entrance Lake Circle Lot on L

SUBDIVISION — BLOCK / SECTION — LOT 15 LOT AREA 135' x 150' SITE CLASS P.S. DESIGN FLOW 360 L.T.A.R. .3gpd/ft2

Septic Tank: 1000 Gallons; STB 1194 Date 9-29-95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet equivalent to 1200 Linear Feet 300'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: Chambered gravelless System

Repair System Description: Not Required

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other ___

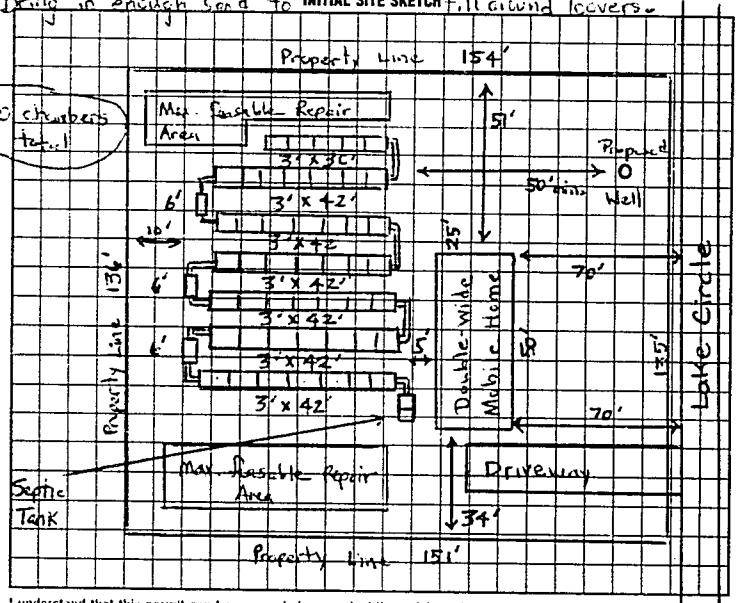
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Install Chambered gravelless system. Begin lines 30" deep, loop back at 24" deep. Feed from one line to next put high holes in chamber. Feed lines in low hole in end cap. Line total up to 3 @ 90' and 1 @ 30'. Place one chamber at middle of loop.

* Bring in enough Sand to fill around lovers.

Comments: lines

INITIAL SITE SKETCH



AS BUILT SKETCH

Keep lines and trenches excavation. Keep system 5' from foundation of home, 10' from all property lines and max. feasible distance from any well and no closer than 50'. Max Repair Area not required. Max repair area shown.

* Pre-construction consultative visit with contractor before installation.

As Initial Septic 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: Michael J. Dimmick date 7-13-95

Existing System Inspection by: _____ date _____

Installed by: F. J. Ervin

Certificate of Completion by: R. C. Moore date 1-23-96

Operation Permit by: _____ date _____

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