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. 090657 DATE 4/25/00 TAX MAP NO. 4732 13 8810 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Fred Beaver PHONE: Business _____ Home 528-4687

ADDRESS 470 Patterson St. Troutman, NC, 28166

LOCATION Wallace Springs L Old Nbn. Rd. on (L) after Troy Farm Rd.

SUBDIVISION Cartner Est. BLOCK / SECTION _____ LOT 30 LOT AREA ~ 20,000 FT² SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .4

Septic Tank: 1000 Gallons; STB 1012 Date 4-28-01
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 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III IV V VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

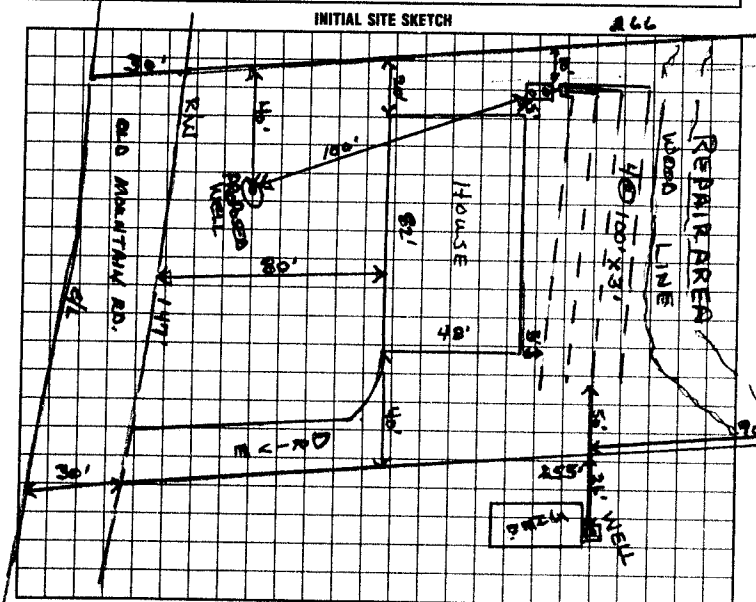
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☒ Individual ☐ Community ☐ Public

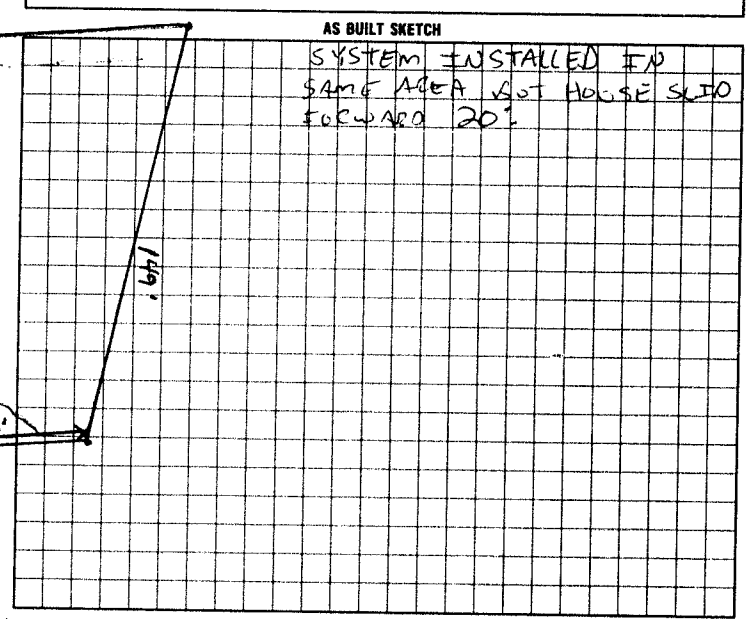
Comments:

Comments: (1) D1ST BOX SET WITH SPEED LEVELERS INSTALLED AS SHOWN WITH PIG'S EAR FILTER

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.

Signed: James Rimmer 8/11/00

Improvement Permit by: Wesley Sparks R.S. date 7/25/00

Existing System Inspection by: Wesley Sparks R.S. date 7/25/00

Installed by: Steve Fowler

Certificate of Completion by: [illegible] date 7-9-01

Operation Permit by: _____ date _____

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