50491

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. ~~[illegible]~~ Town of Troutman DATE 3-8-94 TAX MAP NO. 3JC 35 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Mickey Byrd PHONE: Business _____ Home 528-0352

ADDRESS Pinestate Rd., Troutman, N.C.

LOCATION From Troutman take old Mtn. Rd. Lot behind last house on L before South Iredell School

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA ≈ 3/4 acre SITE CLASS Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make _____ Model System Serial No _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____

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

System Description: Existing System

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

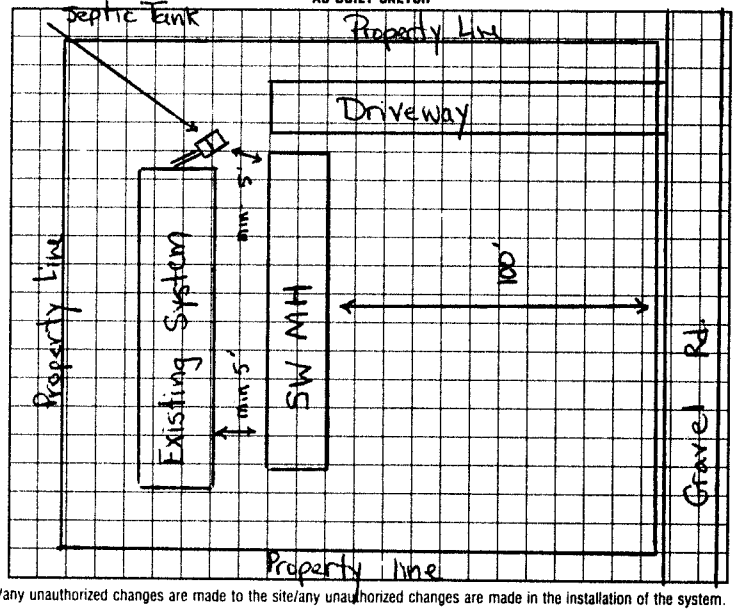
Water Supply:
☐ Individual
☐ Community
☑ Public

Comments:

Comments: Keep home min. 5' from any part of Septic System, System shows no visible signs of malfunction at time of inspection. Lot vacant for extended period of time.

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 J. Dennis date 3-8-94

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