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 6-3-93 TAX MAP NO 3JC 33

OWNER OR CONTRACTOR Jackie Dean Kitchens PHONE: Business _____ Home 873-0037

ADDRESS 337 South Oak Street, Statesville, N.C. 28677

LOCATION I40 W TL Old Mtn. Rd. 3rd MH on R past South Iredell Highschool.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA Ample SITE CLASS Existing L.T.A.R. Existing

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240'

No Lines 2 Trench Width _____ Trench Depth _____ Gravel Depth _____

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

System Description: Convent., gravity fed.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod Home ☑ Mobile Home ☐ Business ☐ Other

No Bedrooms 3 No Bathrooms 2 No Employees —

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

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

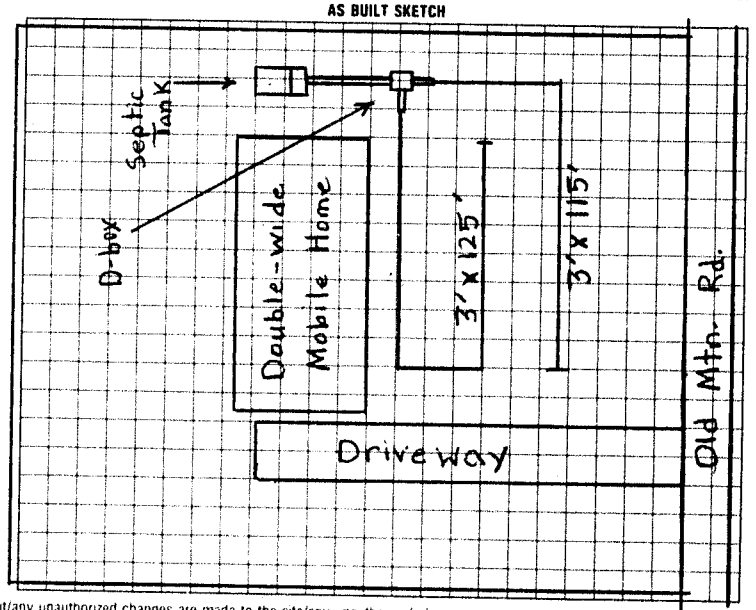
Auto Washing Machine: ☑ Yes ☐ No

Other _____

Comments Keep MH min. 5' from any part of septic system.

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 6-3-93

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