~~Notice Terminal~~

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 48003

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Town of Troutman DATE 6-24-93 TAX MAP NO. 6B 3A 7

OWNER OR CONTRACTOR Frank Hall PHONE: Business _____ Home 878-0263

ADDRESS _____

LOCATION Hwy 215 TR Pinehaven Dr. Bear L at top of hill, 5th house on L

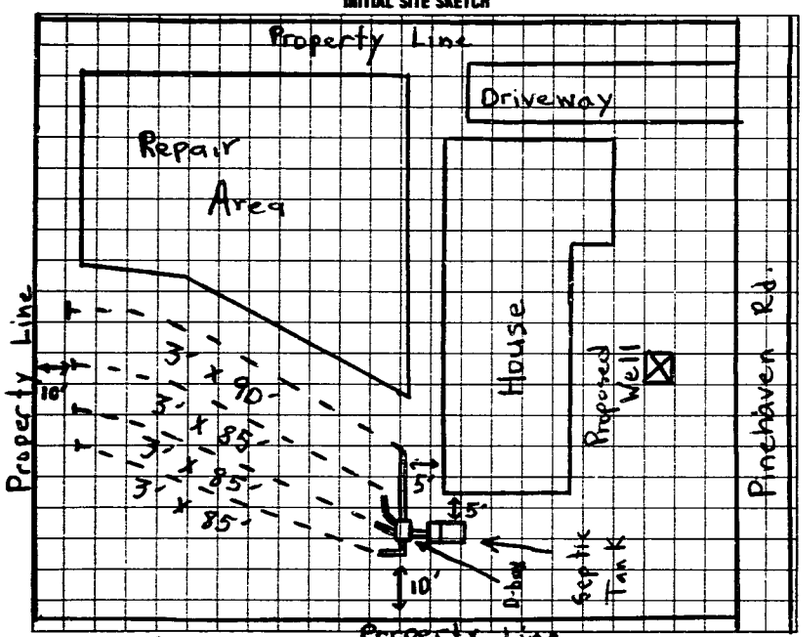
SUBDIVISION Margroll Acres BLOCK / SECTION _____ LOT 6 LOT AREA 115' x 175' SITE CLASS. P.S L.T.A.R. .35 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well To Be Located.
Septic Tank: 1000 Gallons; STB 794 Date 8-3-93
Pump Tank: — Gallons; PT — Date —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'
No Lines 4 Trench Width 36" Trench Depth 36" Gravel Depth 12"
☑ New System ☐ Repair System Type: I (II) II. IV. V. VI
System Description: Conventional, gravity
Repair System Description: "
Maintenance Agreement Required: ☐ Yes ☑ No

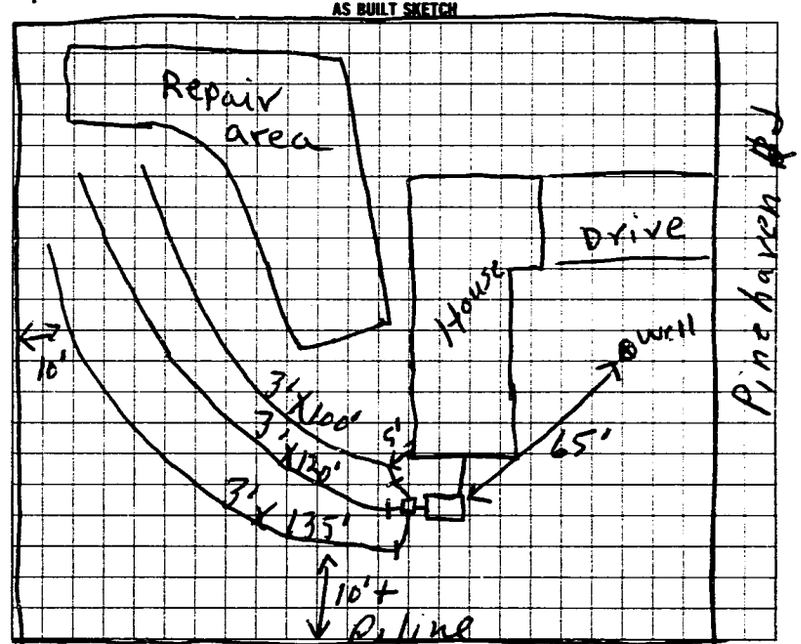
☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No
☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☐ Yes ☑ No
☐ Business No. Employees — Auto. Washing Machine: ☑ Yes ☐ No
☐ Other _____ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments Keep Nitrification Lines on contour, Keep system 5' from foundation of home, 10' from all property lines, and 50' from any well. Keep system as shallow as possible. (Keep at least 12" of cover.) Repair Area below system, conventional, gravity fed.

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: X Frank Hall

Improvement Permit by: Michael Q Dennis date 6-24-93

Existing System Inspection by: _____ date _____

Installed by: Wes Lytton

Certificate of Completion by: P. C. Moore date 10-21-93

Operation Permit by: _____ date _____

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