4740436643

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. Repair DATE 6/27/94 TAX MAP NO. 4E A 80 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR David + Terry Wolf PHONE: Business _____ Home _____

ADDRESS Rt 1 Box 1333 Troutman N.C.

LOCATION Clontz Hill Rd, Perth Rd N, TR Clontz Hill 1.25 miles left on drive to top of hill

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines 1 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12"

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

System Description: DropBox - conv.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

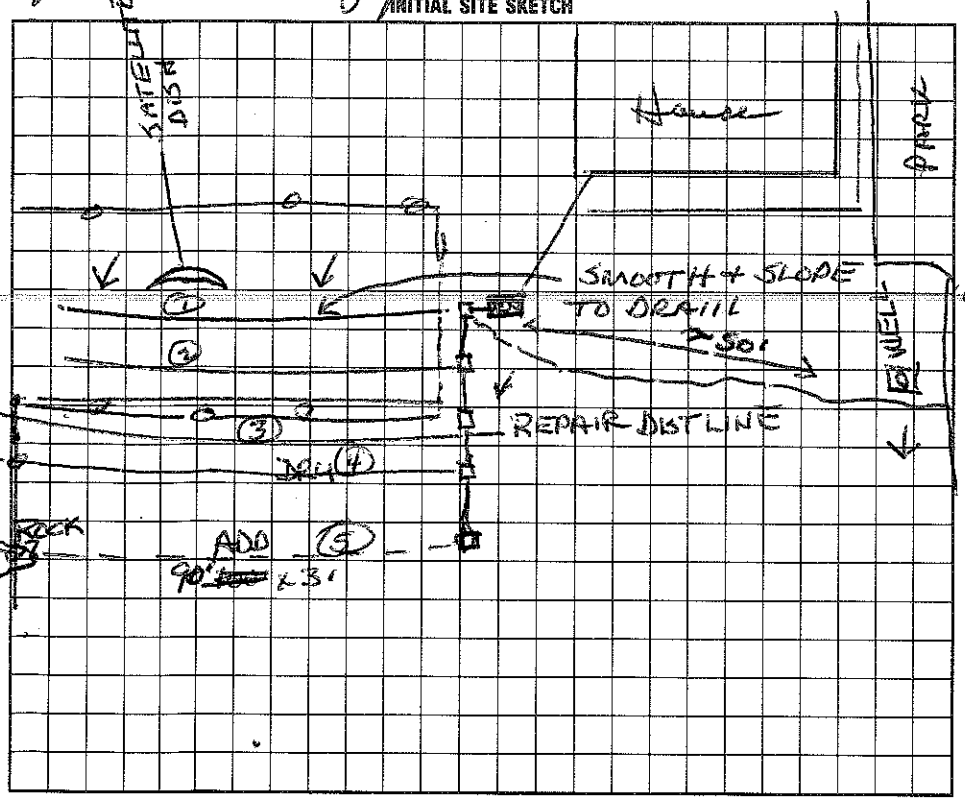
☐ Other _____

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

Water Supply: ☑ Individual ☐ Community ☐ Public

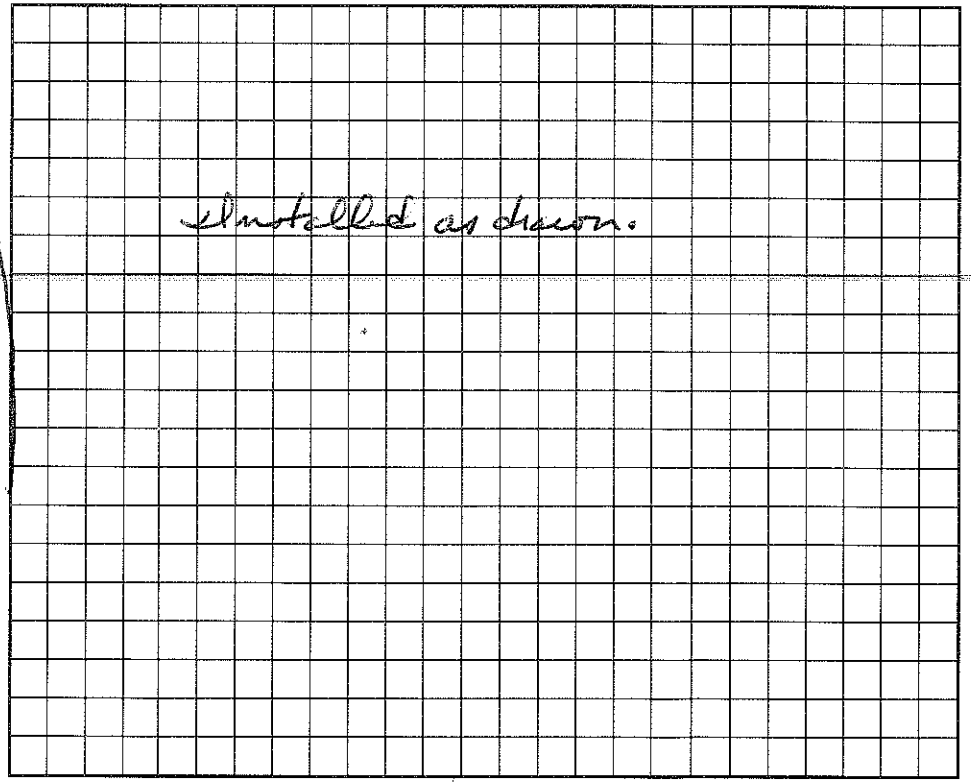
Comments: Repair line between 3 + 4 drop box
Add 100' x 3' trench and 5th drop box
Pump S/T before beginning work - check T and for leaks coming from house.

INITIAL SITE SKETCH



Comments:
Line between 3 + 4 Drop Box realigned and sealed
5 Line 90' x 3' - Rock at end of line
S/T pumped this day, had not been before

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: Wesley Sparks R.S. date 6/21/94

Existing System Inspection by: _____ date _____

Installed by: Tim Ammons

Certificate of Completion by: Wesley Sparks R.S. date 6/24/94

Operation Permit by: _____ date _____

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