47478

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. Troutman Town DATE 6-5-93 TAX MAP NO. 4N-A-1

OWNER OR CONTRACTOR Kenneth W. Rimmer PHONE: Business _____ Home 528-[redacted]5779

ADDRESS _____

LOCATION 215 To Troutman Tl. Olt murdock Rd. TR Marmon Dr. 1000' on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.7 acres SITE CLASS. P.S. L.T.A.R. .3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 760 Date 12-4-92

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36 Trench Depth 24 Gravel Depth 12

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

System Description: Conv. Gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 3 Auto. Dishwasher: ☑ Yes ☐ No

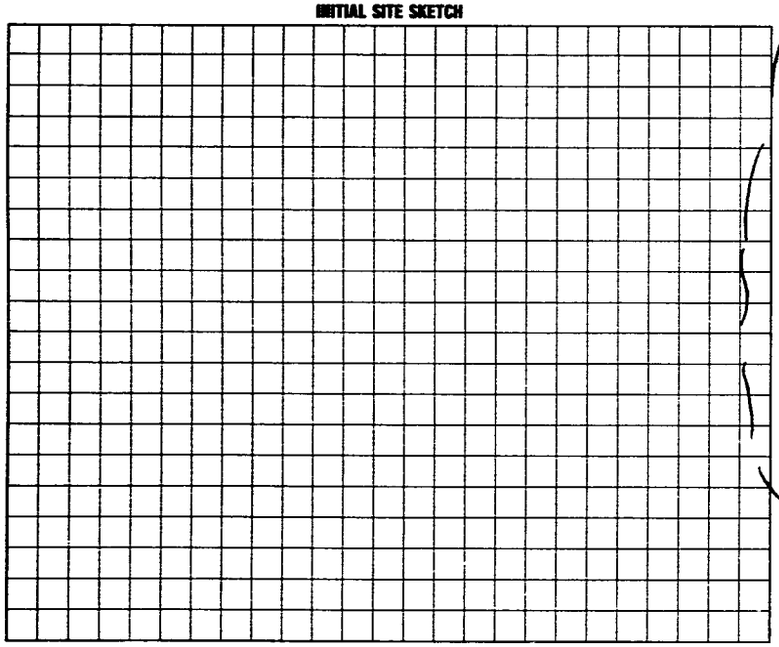
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

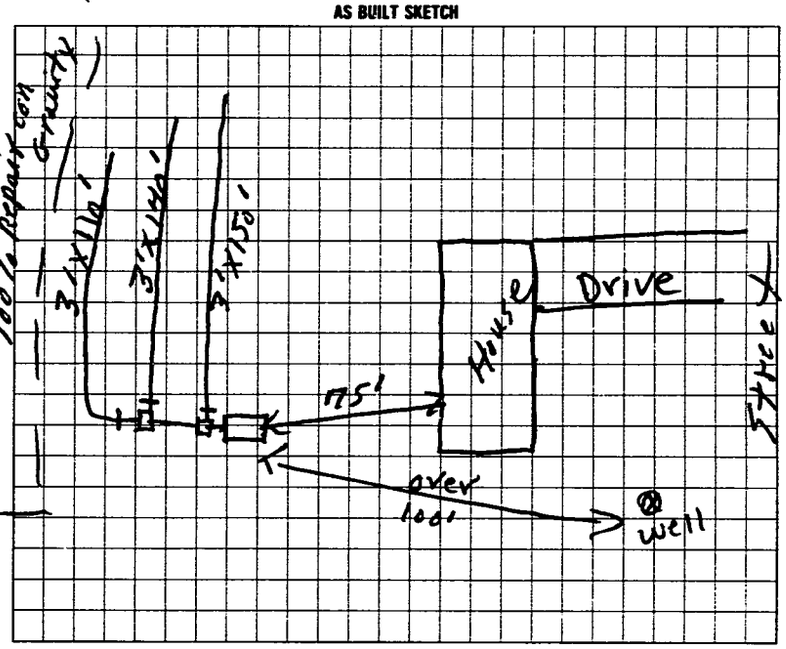
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments _____

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: P. C. Moore date 4-22-93

Existing System Inspection by: _____ date _____

Installed by: Miller + Sons (Davie Co.)

Certificate of Completion by: P. C. Moore date 6-8-93

Operation Permit by: _____ date _____

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