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 9-7-93 TAX MAP NO. 3-H-3

OWNER OR CONTRACTOR Jim D. Jones PHONE: Business _____ Home 528-4248

ADDRESS _____

LOCATION Hwy 215 thru Troutman TR Autumn Leaf Rd. Lot ≈1 mile on R across from Trellis Lane

SUBDIVISION Wagner Heights BLOCK / SECTION _____ LOT 17 & 18 LOT AREA .75 acre SITE CLASS. P.S. L.T.A.R. .3gpd/ft2

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 358 Date 7-30-93

Pump Tank: — Gallons; PT — Date —

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

No Lines 4 Trench Width 36" Trench Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. 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

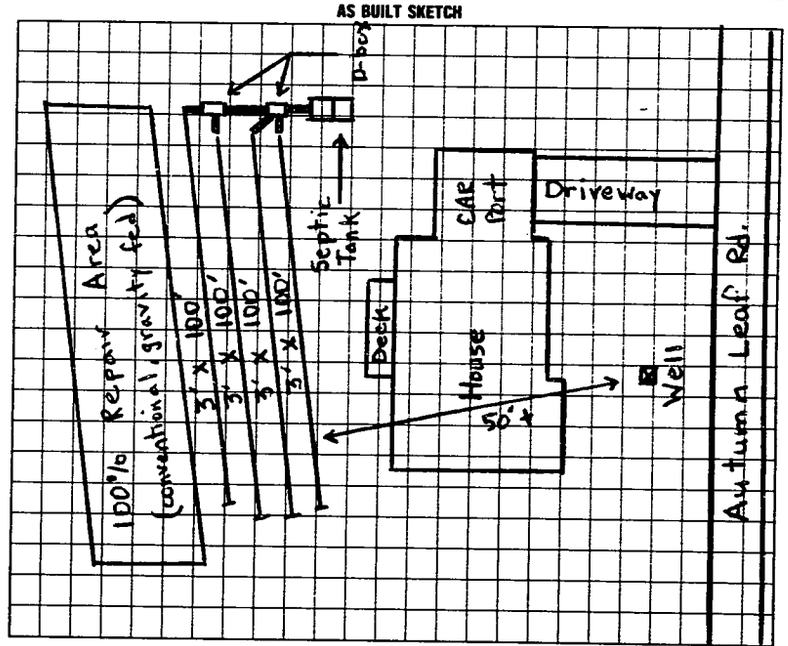
☐ Other _____ Other _____

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

Comments Nitrification Lines left uncovered during several periods of hard rain. This may decrease life-span of system. Dug into ends of lines and drained water off. 100% 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: _____

Improvement Permit by: Michael J. Dennis date 3-22-93

Existing System Inspection by: _____ date _____

Installed by: Richard Abernathy

Certificate of Completion by: Michael J. Dennis date 9/ /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