~~Not an Original~~

50677

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 3-22-94 TAX MAP NO. 3HA08 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Jim Jones PHONE: Business _____ Home 528-5978

ADDRESS P.O. Box 1309 Troutman, N.C. 28166

LOCATION From Troutman take Hwy 21 S TR Autumn Leaf Rd, ± 1/2 mile on R

SUBDIVISION Wagner Heights BLOCK / SECTION _____ LOT 22 LOT AREA ≈ 3/4 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft2

Septic Tank: 1000 Gallons; STB 1012 Date 6-11-94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30"

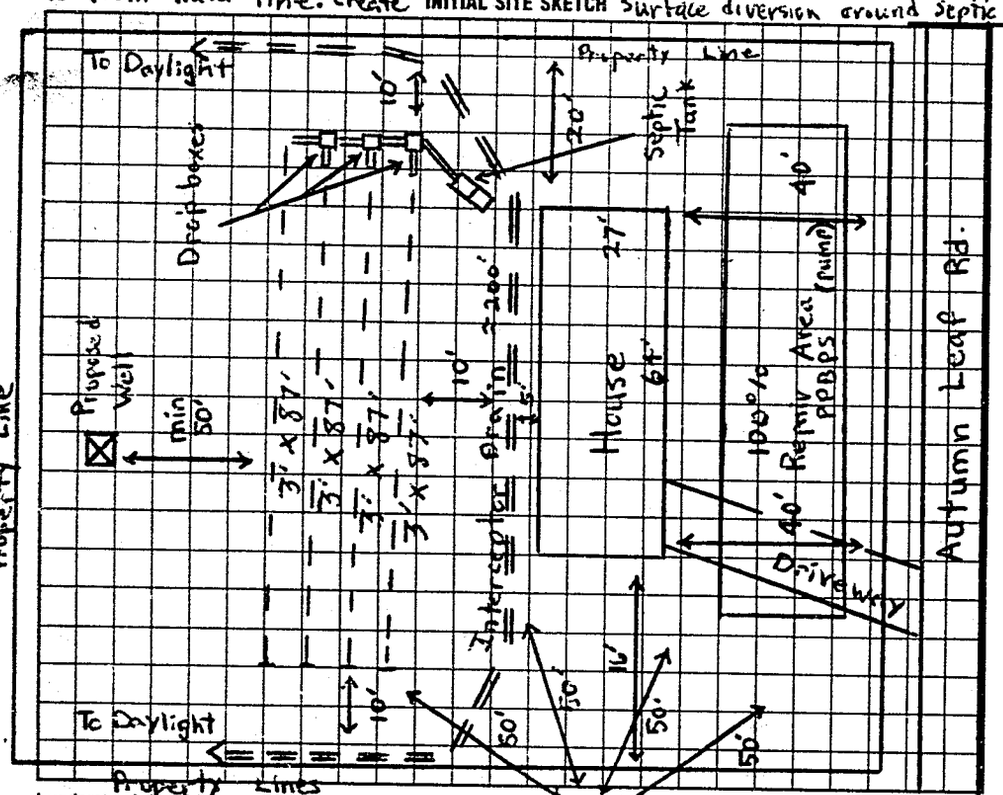
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conventional, gravity fed
Repair System Description: Pump to PPBPS
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 1.75
☐ Business No. Employees _____
☐ Other _____

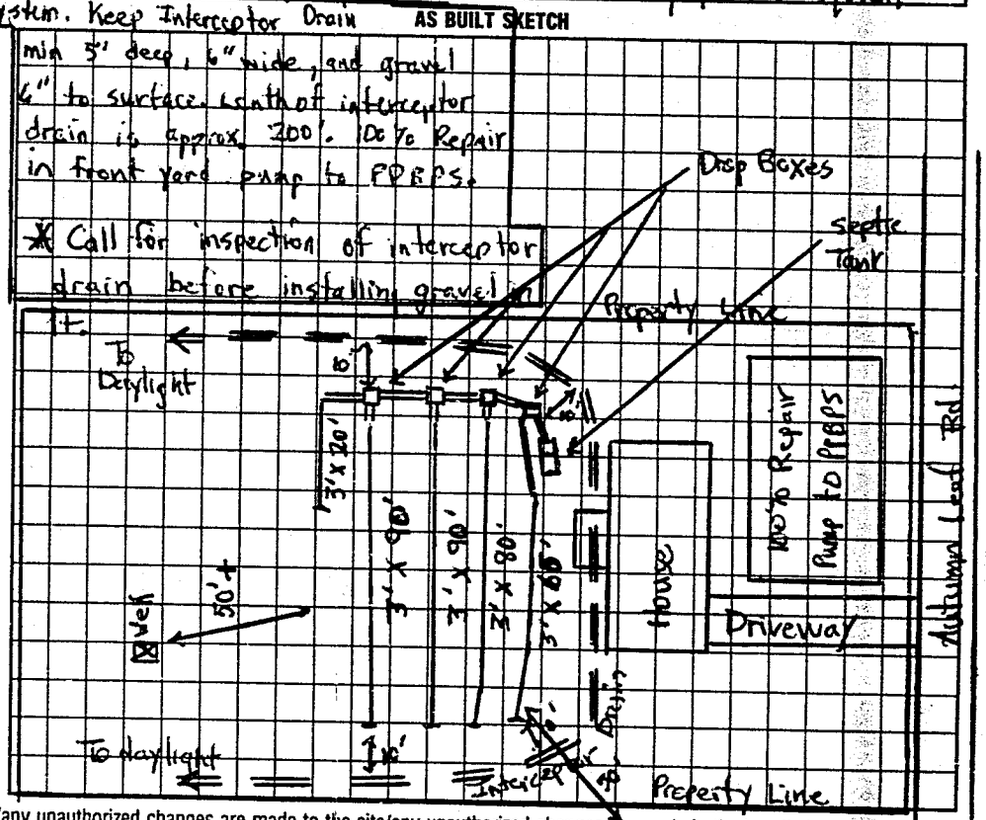
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep Nitrification Lines and trenches on contour. Install interceptor drain around system. Keep Septic system 5' min from foundation of home, 10' from all property lines, 10' from interceptor drain, 50' from any well and 10' from water line. Create INITIAL SITE SKETCH surface diversion around septic system. Keep Interceptor Drain

Comments: Checked Interceptor drain trench bottom 8-26-94. Checked Septic system 8-29-94. Well located at time of inspection, 50'± from system. Neighbors well exactly 50' from any part of drain field. Keep water line 10' from any part of system.



AS BUILT SKETCH



* Call for inspection of interceptor drain before installing gravel in it.

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: Jim D. Jones

Improvement Permit by: Michael J. Dennis / J.C. Moore date 3-22-94

Existing System Inspection by: _____ date _____

Installed by: Richard Abernathy

Certificate of Completion by: Michael J. Dennis date 8-29-94

Operation Permit by: _____ date _____

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