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 2-13-95 TAX MAP NO. Repair Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Larry Brendle PHONE: Business _____ Home 528-4259

ADDRESS 163 Autumn Leaf Rd. Troutman, N.C. 28166

LOCATION From Troutman take Hwy 21S TR Autumn Leaf Rd. 2nd lot on Left after entering the SLD.

SUBDIVISION Wagoner Hts. BLOCK / SECTION - LOT 2 LOT AREA Ample SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. Repair

Septic Tank: Existing Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 3 Square Feet 675 Linear Feet 225'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: conventional, gravity fed

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: Install drop box in existing pit, and add 225' of repair line. Keep lines and trenches as close to contour as possible. Check integrity of septic tank and add new sanitary tee if needed. Keep repair 6' from existing drain lines, 10' from all property lines and max feasable distance from any well and no closers than 50'.

Comments:

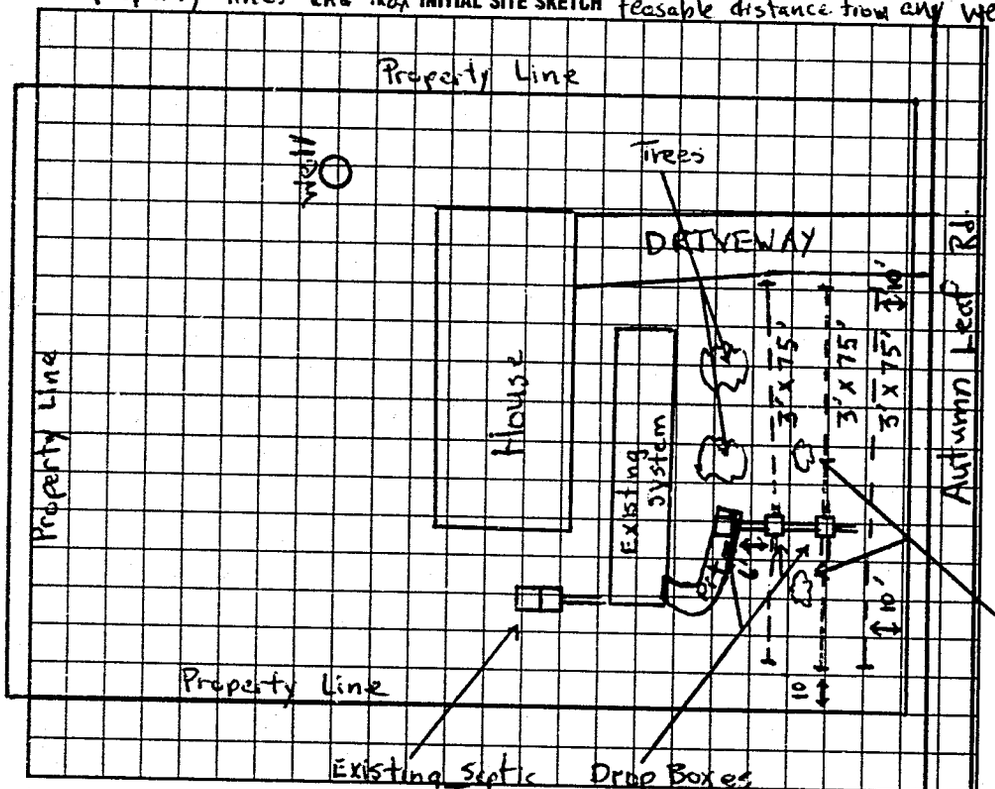
Pipe off gutter drains and route around septic system.

* Repair must be completed within 30 days of issuance of permit.

SAME AS INITIAL SKETCH

- No drop box installed in old pit, can use to repair out of existing line in pit.

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: Larry Brendle

Improvement Permit by: Michael O. Dennis date 2-13-95

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: Michael O. Dennis date 4-7-95

Operation Permit by: _____ date _____

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