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 DATE 3-26-97 TAX MAP NO. 10646 0000 A 079 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Kelly Carrigan PHONE: Business _____ Home 528 5316

ADDRESS US 21 South of Troutman TR Carrigan TL Tahoe

LOCATION 132 Carrigan RT Troutman

SUBDIVISION Carrigan MH park BLOCK / SECTION _____ LOT 108 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

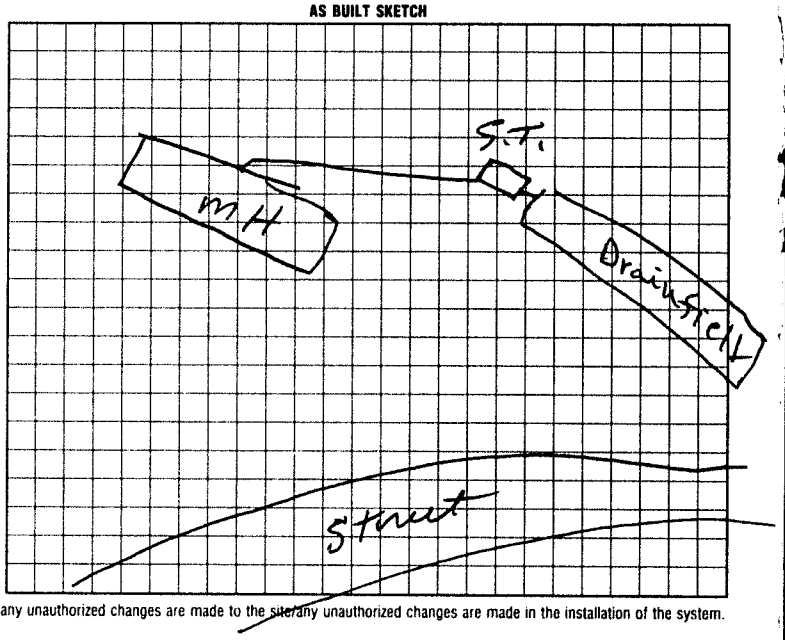
Septic Tank: _____ Gallons; STB _____ Date _____	☐ New System ☐ Repair System Type: I, II, III, IV, V, VI	☑ House/Mod. Home No. Bedrooms 2	Water Supply:
Pump Tank: _____ Gallons; PT _____ Date _____	System Description: _____	☐ Mobile Home No. Bathrooms 2	☐ Individual
Pump Make: _____ Model _____ Serial No. _____	Repair System Description: _____	☐ Business No. Employees ____	☑ Community
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____	Maintenance Agreement Required: ☐ Yes ☐ No	☐ Other _____	☐ Public
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____		☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing	

Comments:

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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: R. C. Moore date 3-26-97 Operation Permit by. _____ date _____

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