1:30

54145

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 Zoning DATE 12-28-94 TAX MAP NO. 46 A 11 Watershed: ☐ Yes ☑ No

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

ADDRESS 132 Carrigan Rd Troutman, N.C.

LOCATION 215 below Troutman TR Carrigan Rd 3rd Home on Rt.

SUBDIVISION B+J mH Park BLOCK / SECTION _____ LOT 2-C LOT AREA _____ SITE CLASS. DS DESIGN FLOW 240 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 794 Date 12-1-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" 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 ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

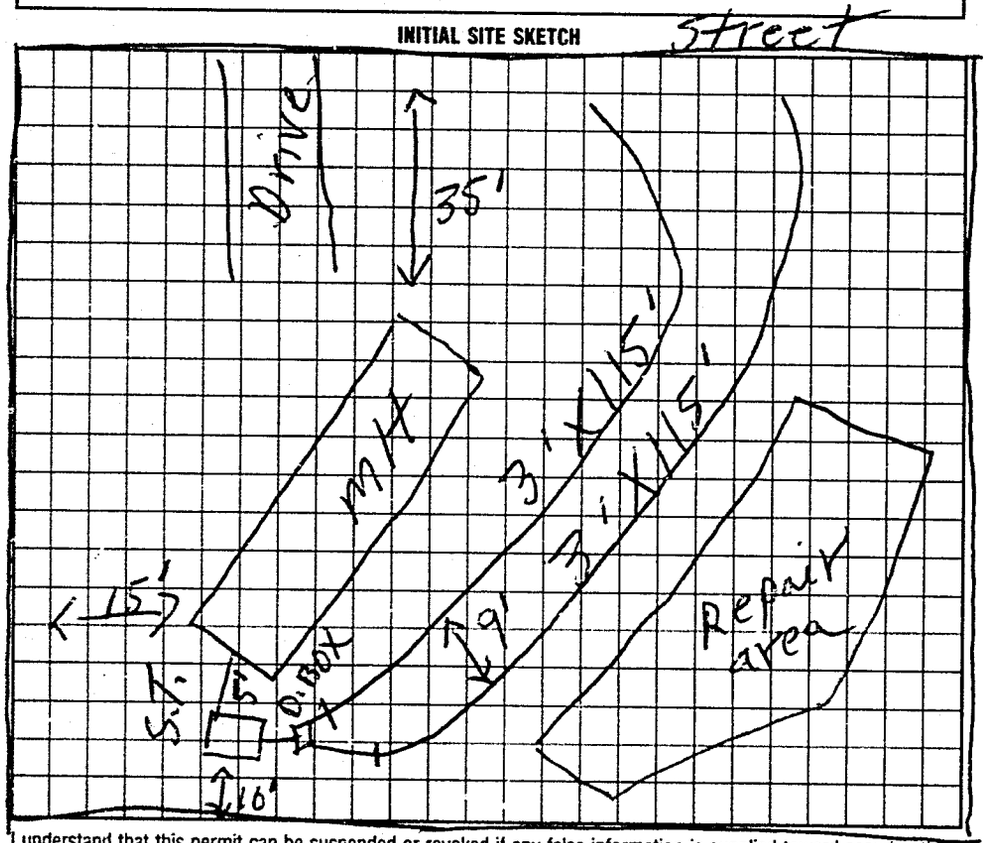
Water Supply: ☐ Individual ☑ Community ☐ Public

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

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: X Kelly E. Carrigan

Improvement Permit by: P. C. Moore date 12-28-94

Existing System Inspection by: _____ date _____

Installed by: Wes Tytton

Certificate of Completion by: P. C. Moore date 12-30-94

Operation Permit by: _____ date _____

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