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. 11-Z-0397 (TROUTMAN) DATE 11-20-97 TAX MAP NO. 4742 11 6328 (PT) Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR STEPHEN M. CASH PHONE: Business 872-8708 Home 838-0033

ADDRESS P.O. BOX 887 TROUTMAN, NC 28166

LOCATION US 21 S, TL MURDOCK ROAD, 1ST DRIVE ON RIGHT PAST NUGGET LANE, 400' BACK

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.07± ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9-20-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines SIX 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

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

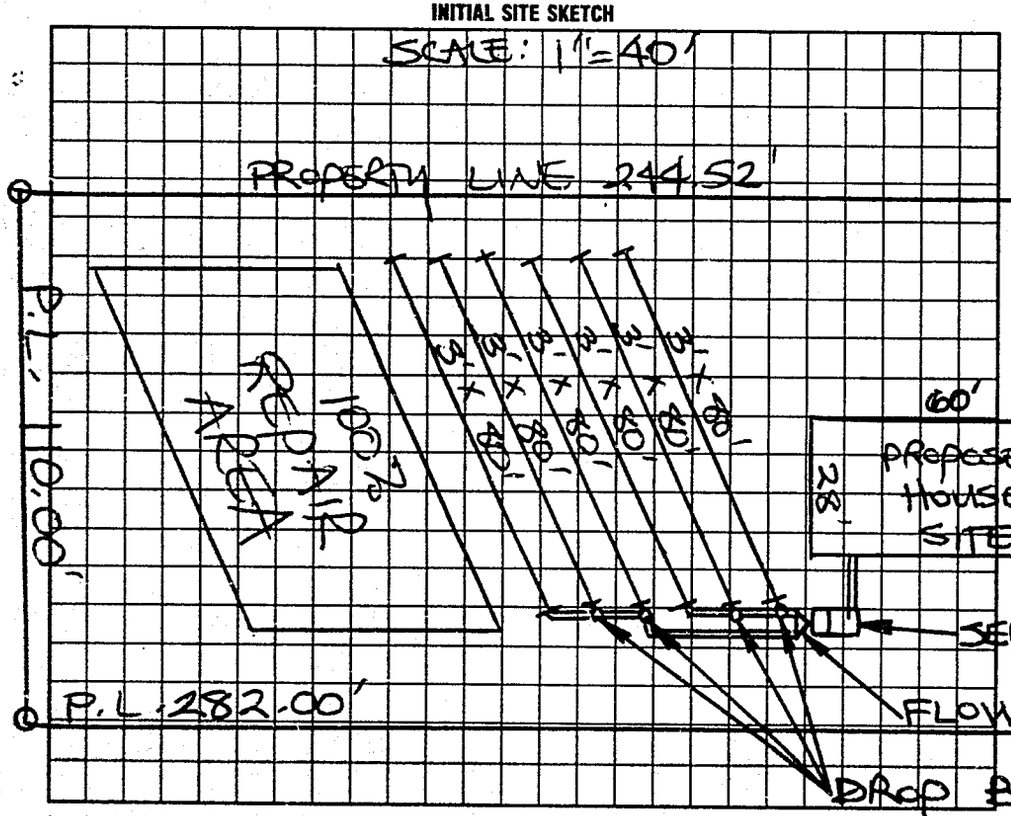
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public (WELL)

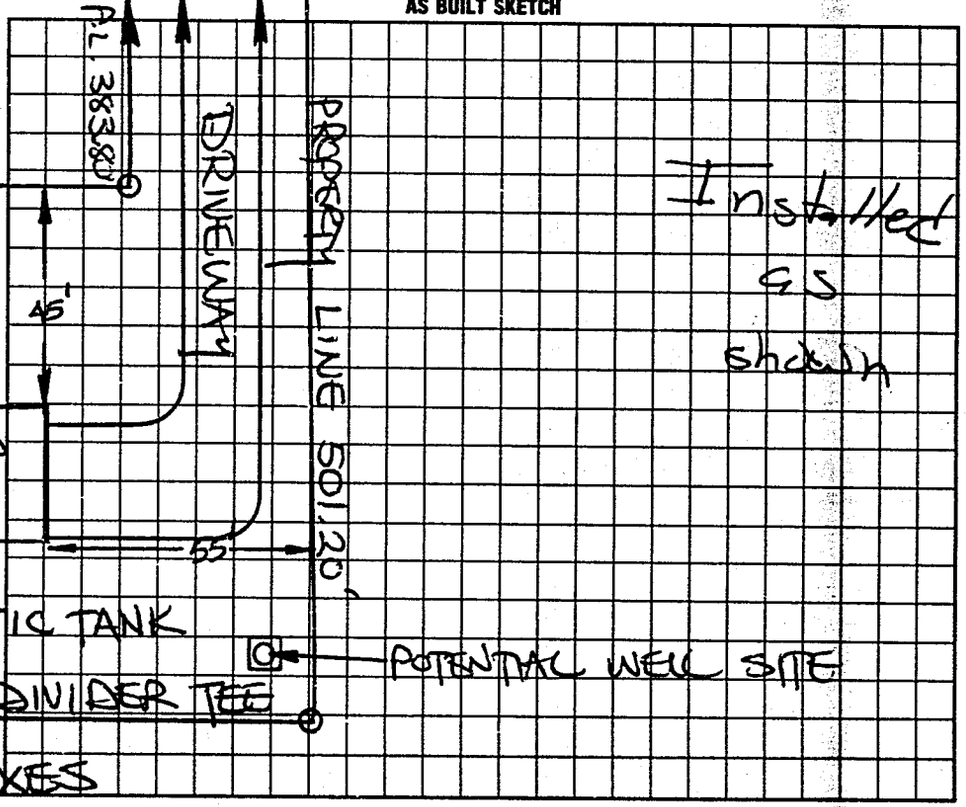
Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL ② USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF TWO SERIES OF DROP BOXES AS SHOWN.

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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: X Stephen M Cash

Improvement Permit by: STEVE HENDRICK date 11-20-97

AUTH. TO CONST. ~~Existing System Inspection~~ by: STEVE HENDRICK date 11-20-97

Installed by: Tommy Frye

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: Mat C Qualified RS date 1-14-98

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