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. 10465 DATE 5/17/94 TAX MAP NO. 4L 3A 23 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Susan Clark PHONE: Business _____ Home _____

ADDRESS 310 Summit Dr. Troutman, NC. 28166

LOCATION Summertree I Off Amity Tr. Franklinwoods; straight to stop sign TR to lot on (L) of cul de sac

SUBDIVISION Summertree BLOCK / SECTION _____ LOT 23 LOT AREA 1.22 Ac SITE CLASS: _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 1012 Date 4/12/94
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 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 - DIST BOX
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

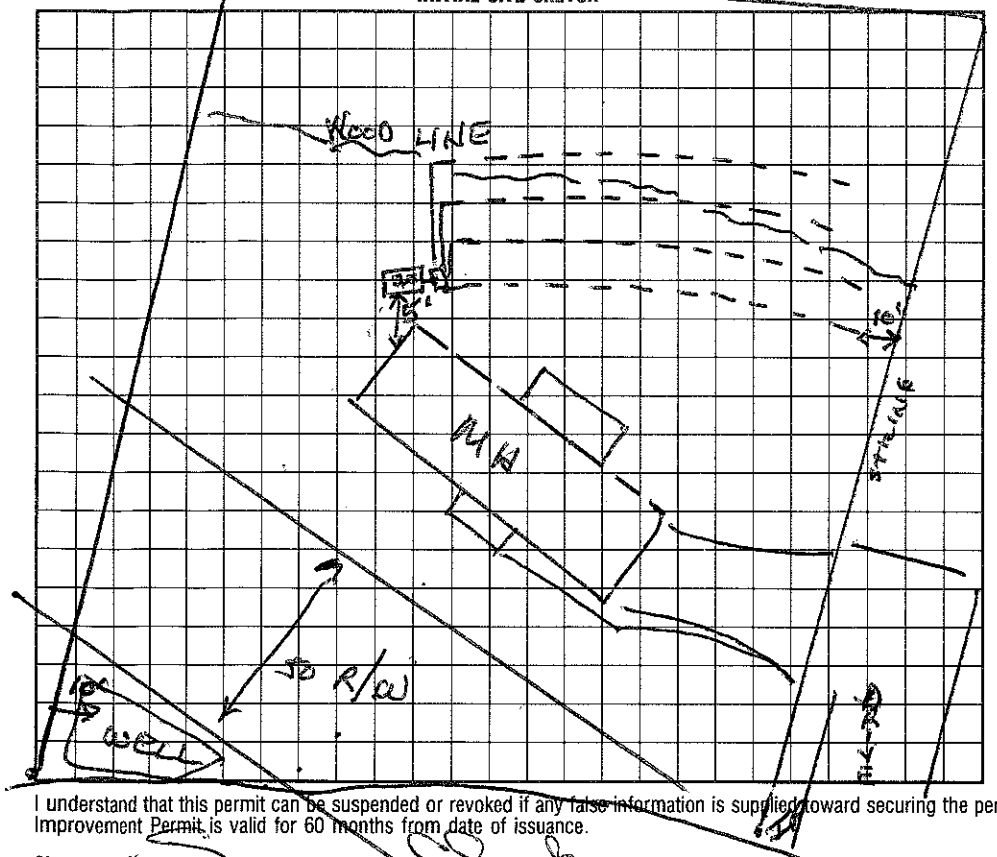
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

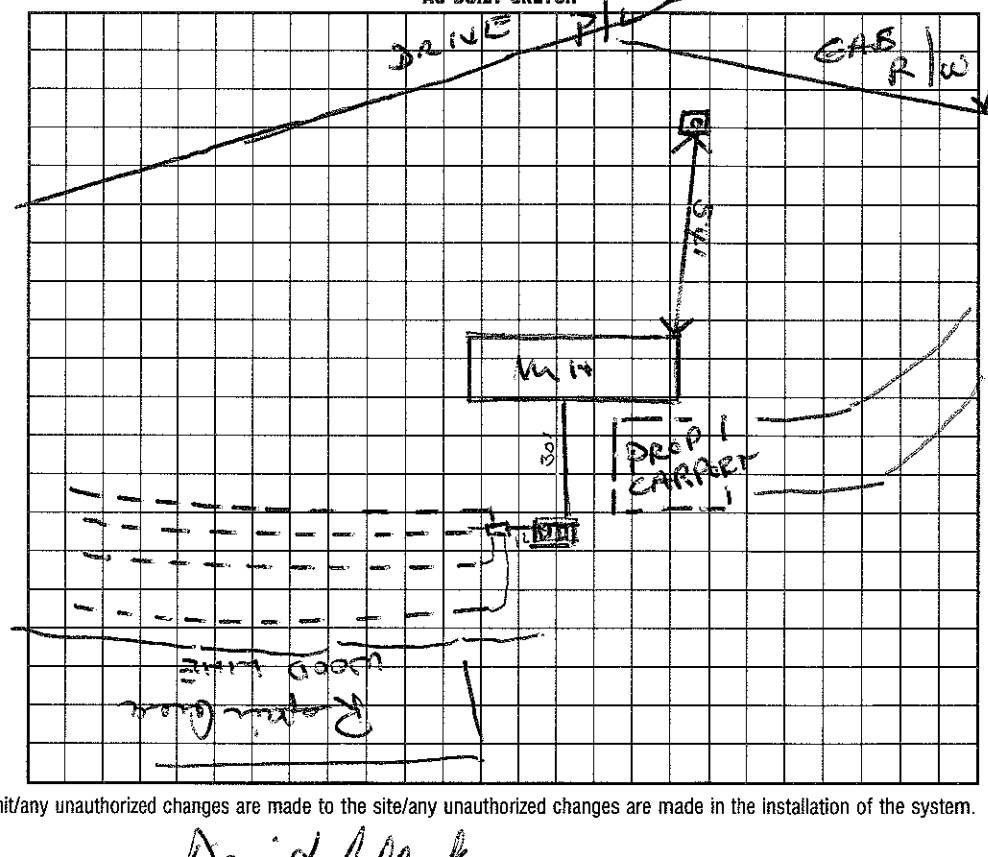
Comments: Trenches are deeper than 36" To Trench bottom. Lines on slope contour 10' from P/L

Comments: Minimum of 6" cover over all chambers Mound up line from home to S/T and S/T to Dist Box - Speed Leveler

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: Susan Clark

Improvement Permit by: Wesley Sparks RS. date 5/17/94

Existing System Inspection by: _____ date _____

Installed by: David Clark

Certificate of Completion by: Wesley Sparks R.S. date 7/25/94

Operation Permit by: _____ date _____

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