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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. 19137 DATE 7/5/94 TAX MAP NO. 4G B 83 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Archie Miller PHONE: Business _____ Home _____

ADDRESS Kendall Rd. Troutman, NC 28166

LOCATION SR 2377 (Kendall Rd.) to the end, 4th. drive on ② off cul de sac

SUBDIVISION Miller Estates BLOCK / SECTION _____ LOT 4 LOT AREA 2.28 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25 - .3

Septic Tank: 1000 Gallons; STB 794 Date 6/25/94

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 24" Gravel Depth 12"

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

System Description: ~~DRECAN DISTRIBOX~~

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

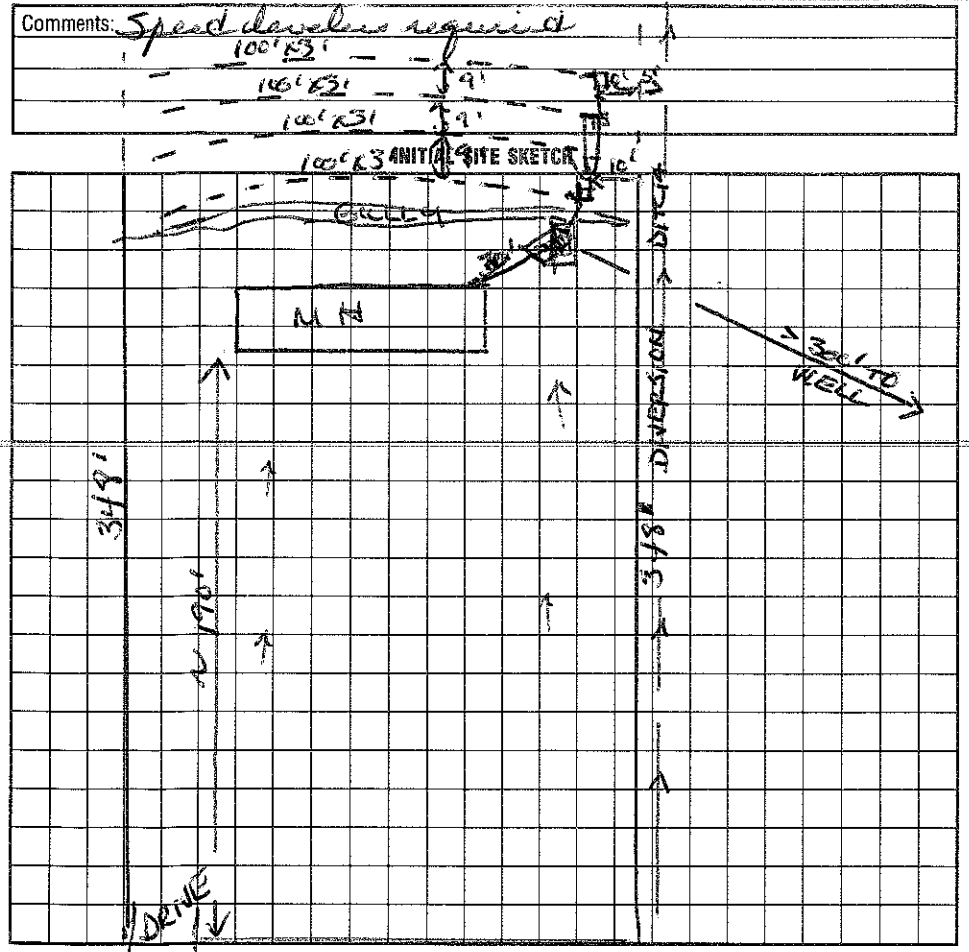
☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Community ☐ Public FARMERS

Comments: Speed dawlers required



Comments: Drainfield has been relocated at owners request. Deviation Ditching and slope to drive finish grade very important.

AS BUILT SKETCH

Installed essentially as shown.

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 [signature]

Improvement Permit by: Wesley Sparks RS. date 7/5/94

Existing System Inspection by: _____ date _____

Installed by: Dennis Gelliker

Certificate of Completion by: Wesley Sparks RS. date 10/21/94

Operation Permit by: _____ date _____

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