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. 17401 DATE 11/9/93 TAX MAP NO. 46 B 57 A 4750-67-3994 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR KENNETH T CUPERCASH PHONE: Business _____ Home 528-0119

ADDRESS R+1 Box 496 TROUTMAN, NC. 28166

LOCATION KENDALL RD TO END ON (L) BESIDE BROWN SPLIT LEVEL

SUBDIVISION No BLOCK / SECTION _____ LOT No LOT AREA ~1 AC SITE CLASS. P DESIGN FLOW 480 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 1012 Date 9-8-93
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 4 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONV - DROP BOXES
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☑ No

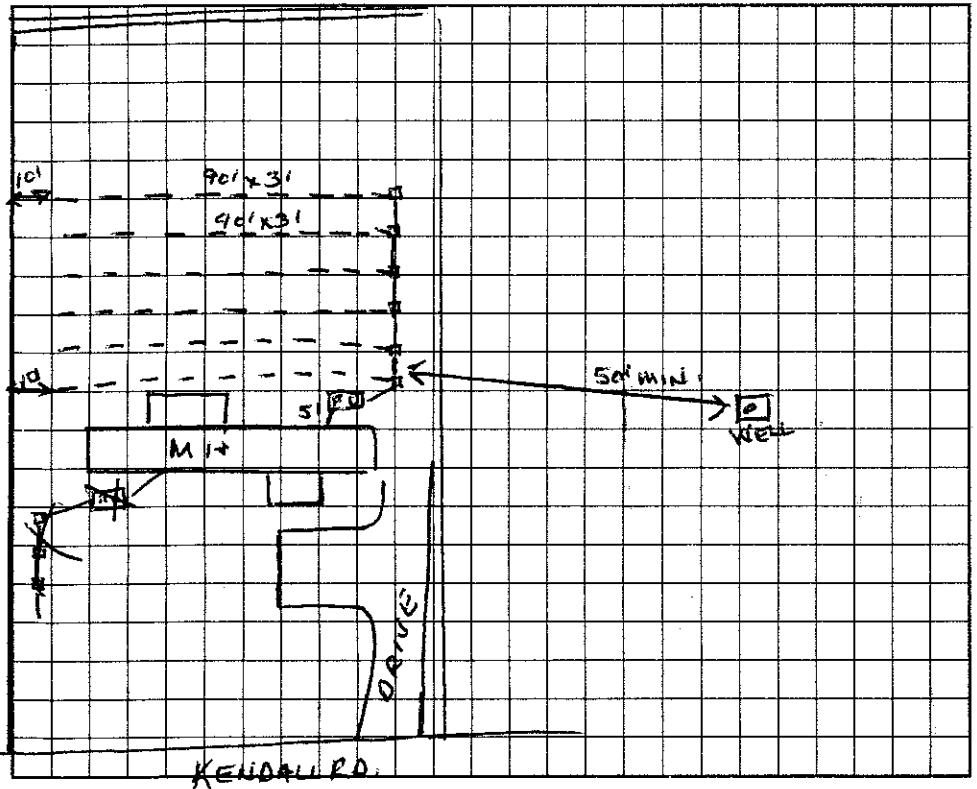
☐ House/Mod. Home No. Bedrooms 4
☑ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as drawn.

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: _____

Improvement Permit by: Wesley Sparks R.S. date 11/9/93

Existing System Inspection by: _____ date _____

Installed by: Kenny Pearson

Certificate of Completion by: Wesley Sparks R.S. date 11/12/93

Operation Permit by: _____ date _____

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