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. 19564 DATE 12/10/93 TAX MAP NO. 4K-2-A-16 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JOHN LOVELL PHONE: Business _____ Home 528-9449

ADDRESS Rt 1 Box 259C TROUTMAN, NC. 28166

LOCATION WINDBROOK RD, 0-S TR OVERCASH TL WINDBROOK, 2nd TRAILER ON (R)

SUBDIVISION WINDBROOK BLOCK / SECTION _____ LOT 16 LOT AREA _____ SITE CLASS. P DESIGN FLOW 360GPD L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet ~1200 Linear Feet ~400

No Lines 4 Trench Width 3' Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: EXISTING SYSTEM

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home D/W No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

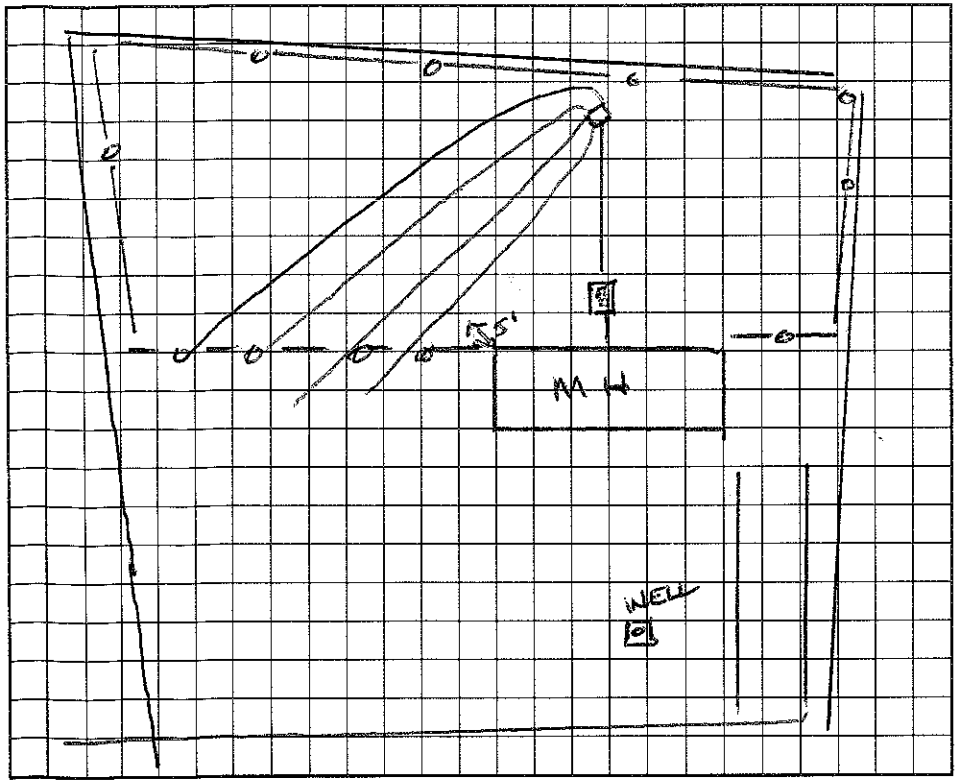
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: NO EVIDENCE OF MALFUNCTION 12/10/93

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.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Wesley Sparks R.S. date 12/10/93

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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