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. 072180 DATE 3/17/98 TAX MAP NO. 4750 89 0438 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Etta Read Long / Cynthia Moore PHONE: Business _____ Home 528-5413

ADDRESS 217 Duncan Rd. Trentown, NC. 28166

LOCATION Shinnville Tr Weathers Creek Tr Duncan, on (R) before Wind Brook

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA 2.21 SITE CLASS. _____ DESIGN FLOW 240 L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 900 Linear Feet _____

No Lines ____ Trench Width Septor Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Septor

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

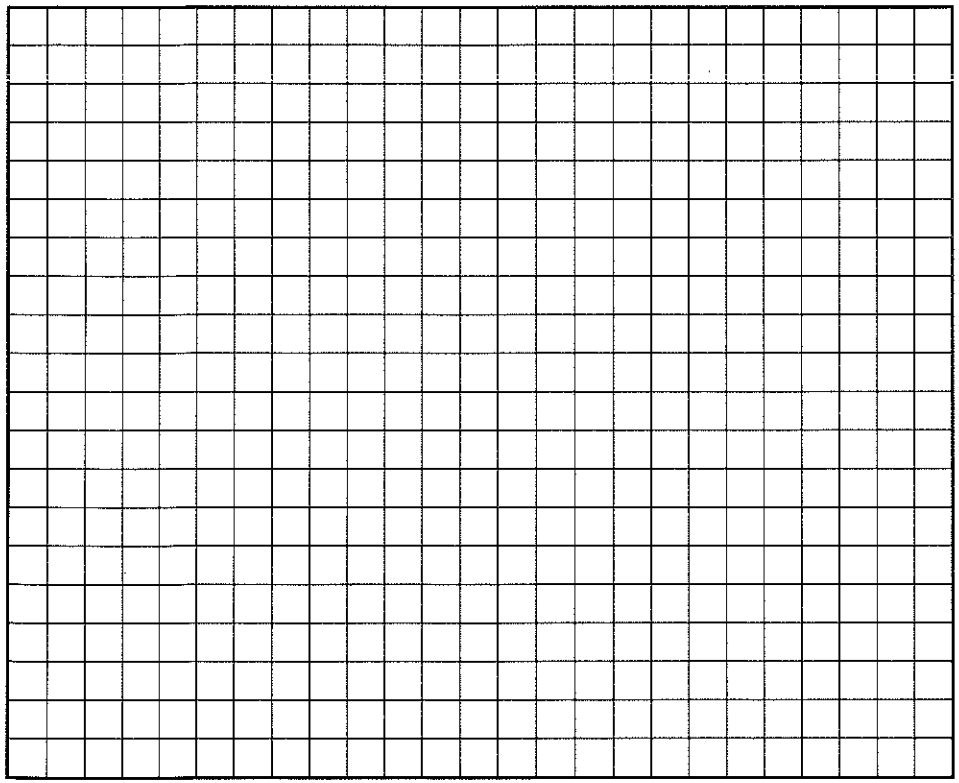
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Community
☐ Public

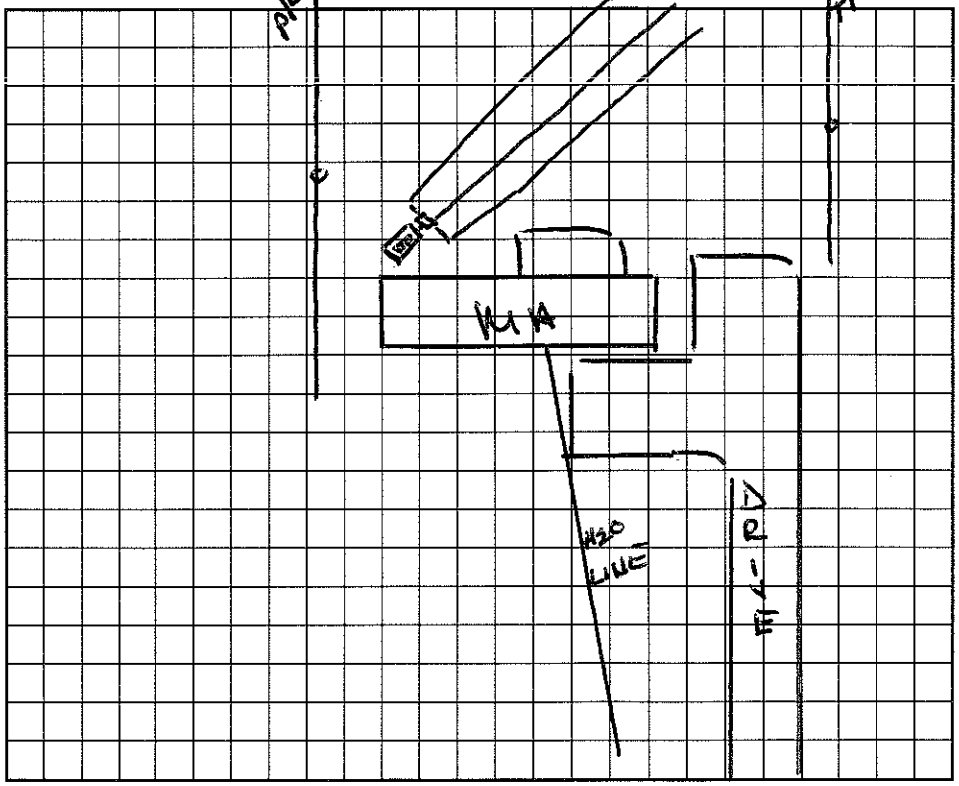
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Wesley Sparks RS. date 3/17/98 Operation Permit by: Wesley Sparks RS date 3/17/98

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

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IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17005 DATE 9/13/93 TAX MAP NO. 4K A 18

OWNER OR CONTRACTOR Cynthia Morris PHONE: Business Home 528-5413

ADDRESS R+1 Box 503 Troutman, NC.

LOCATION Overcash Rd.

SUBDIVISION N/A BLOCK / SECTION LOT LOT AREA ~2.5AC SITE CLASS. P. L.T.A.R. .25-.3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 3' Trench Depth 30" Gravel Depth 12"

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

System Description: CONV. / DIST BOX

Repair System Description: CONV.

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees

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

Garbage Disposal: ☐ Yes ☑ No

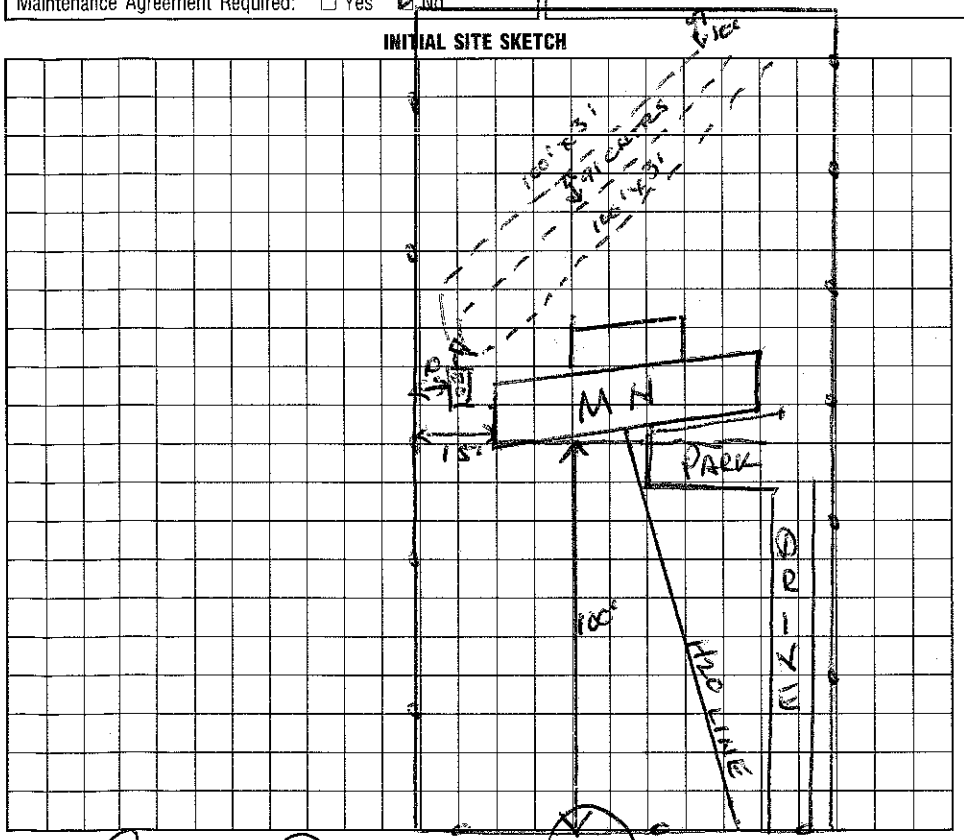
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other

Comments MAXIMUM TRENCH DEPTH 30" - LINES ON SLOPE CONTOUR

INITIAL SITE SKETCH



AS BUILT SKETCH

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Signed: Cynthia Rose Morris

Improvement Permit by: Wesley Sparks RS. date 9/13/93

Existing System Inspection by: date

Installed by: Sammy Lewis

Certificate of Completion by: Wesley Sparks RS. date 11/9/93

Operation Permit by: date

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