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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. 19577 DATE 10/20/94 TAX MAP NO. 4G A 50 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Carlos Westmoreland PHONE: Business _____ Home 528-0243

ADDRESS Rt 1 Box 468 Troutman, NC 28166

LOCATION on SR just before Overcash Rd. Dark and small white frame house

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 AC. SITE CLASS. P DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1250 Gallons; STB 925 Date 1/10/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 470 Serial No. 390

Nitrification Field: No Fields 1 Square Feet ~~1344~~ Linear Feet ~~448~~ 154

No Lines ~~4~~ 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth _____

☑ 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 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

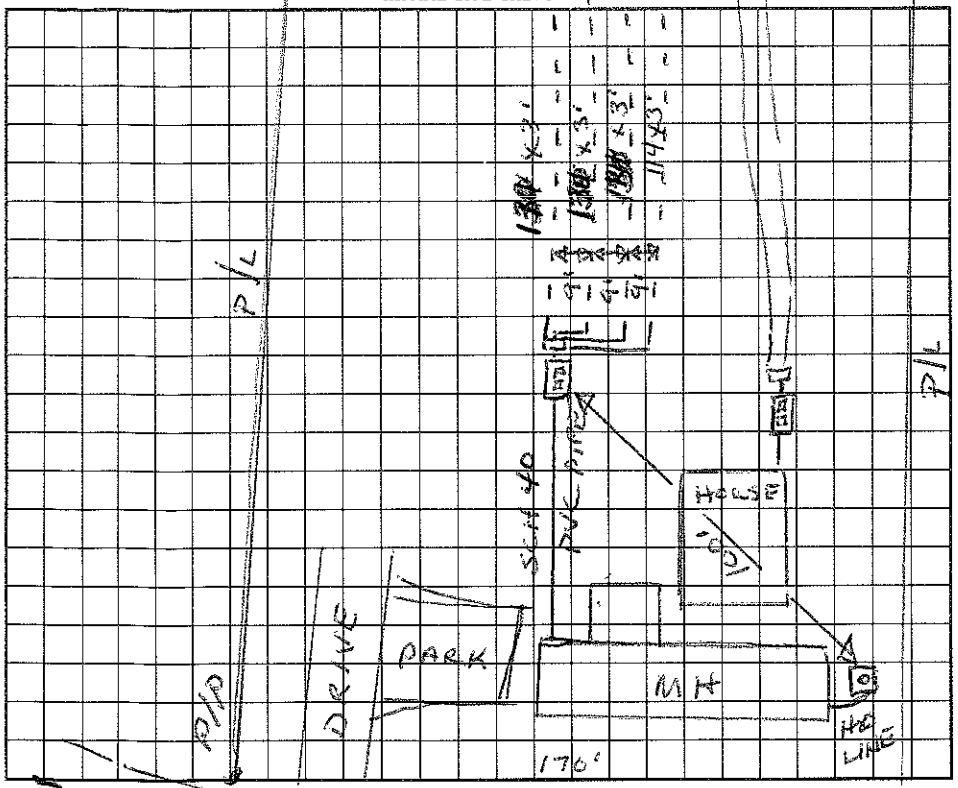
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Keep trenches shallow as possible - on contour

Comments: 390 ~~1190~~ 3 Rear P/L necessitated adjustment in linear footage

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. WEATHERS CRK RD.

Signed: X Carlos A Westmoreland

Improvement Permit by: Wesley Sparks R.S. date 10/20/94

Existing System Inspection by: _____ date _____

Installed by: Tommy Culbertson

Certificate of Completion by: Wesley Sparks R.S. date 3/16/95

Operation Permit by: _____ date _____

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