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. 1370 DATE 7/29/93 TAX MAP NO. 4L 3A 12

OWNER OR CONTRACTOR CHARLES TILLEY PHONE: Business Home

ADDRESS 102 RAINWOOD DR TROUTMAN, NC. 4751209033

LOCATION SUMMERTREE, RAINWOOD TO STOP SIGN, STRAIGHT INTO DRIVE

SUBDIVISION SUMMERTREE BLOCK / SECTION 1 LOT 12 LOT AREA ~2.44AC SITE CLASS. P L.T.A.R. .15 - .2

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 358 Date 4/30/93

Pump Tank: Gallons; PT Date

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600

No Lines 6 Trench Width 3' Trench Depth 26" Gravel Depth 12"

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

System Description: CONV

Repair System Description: CONV.

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

☐ Business No. Employees Auto. Washing Machine: ☑ Yes ☐ No

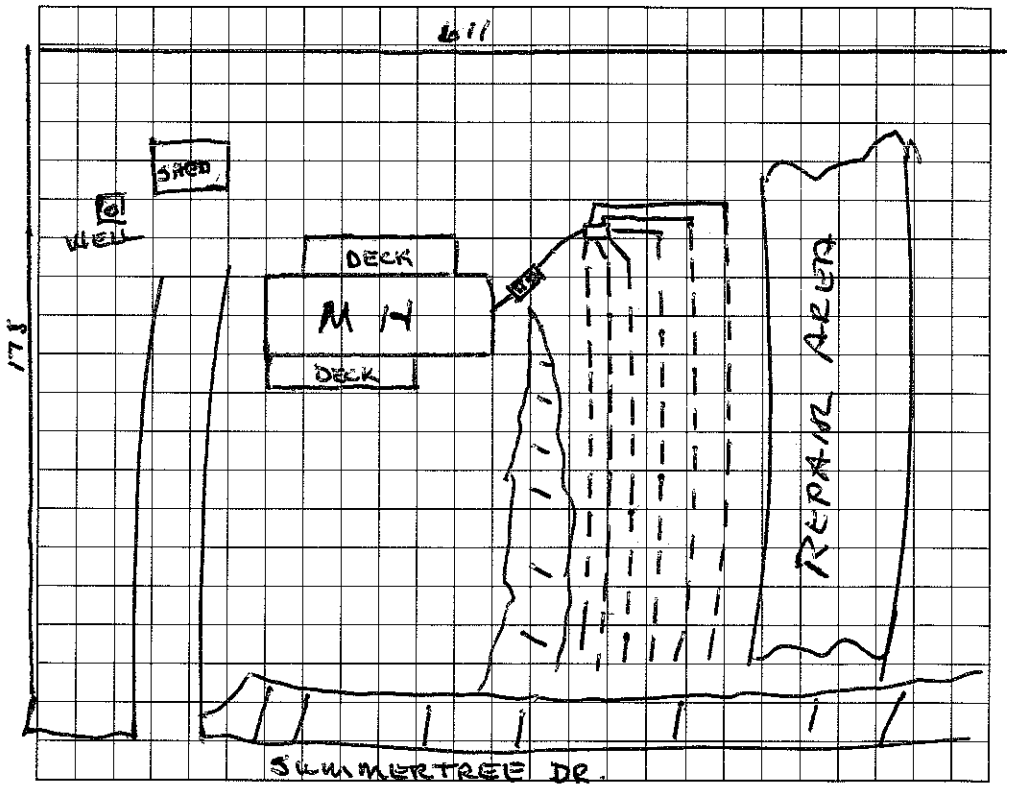
☐ Other Other

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

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: date

Installed by: BOB MAYHEW

Certificate of Completion by: Wesley Sparks RS date 7/29/93

Operation Permit by: date

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

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. 13710 DATE 6/15/93 TAX MAP NO. 4L 3A12

OWNER OR CONTRACTOR Richard K. Greene PHONE: Business Home 528-0183

ADDRESS 102 Rainwood Dr. Troutman, NC.

LOCATION Summertree, Rainwood to stop sign, TR, to 1st Lot on L

SUBDIVISION Summertree BLOCK / SECTION 1 LOT 12 LOT AREA ~2.4Ac. SITE CLASS. P L.T.A.R. .15-.2

Charlie Tilley

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600

No Lines 6 Trench Width 3' Trench Depth 24" Gravel Depth 12"

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

System Description: CONVENTIONAL

Repair System Description: PRESSURE CONV.

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

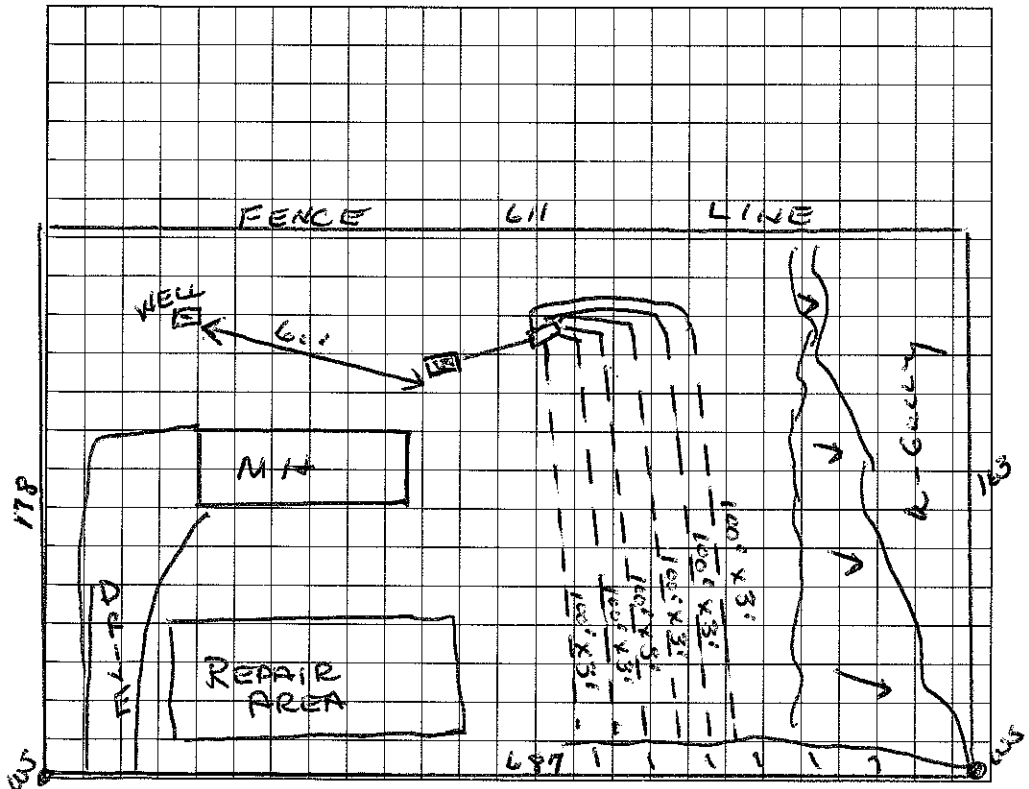
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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

Comments Trench depth no more than 24" Maximum to trench bottom, 6 Outlet Distribution box required, Lines on proper grade. Additional cover material may be needed for finish coverage

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: Richard K Greene

Improvement Permit by: Wesley Sparks RS. date 6/15/93

Existing System Inspection by: _____ date _____

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