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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. 23472 DATE 4/18/96 TAX MAP NO. 46-A-8 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Elizabeth Harris PHONE: Business _____ Home 528-0503

ADDRESS 115 Red Clay Dr Troutman 28166

LOCATION 115 Red Clay - Shinville Rd - TL Westpers Creek - TR Red Clay at the end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. B DESIGN FLOW _____ L.T.A.R. existing

Septic Tank: 1600 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: Existing

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 6 No. Bathrooms 4 No. Employees ____

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

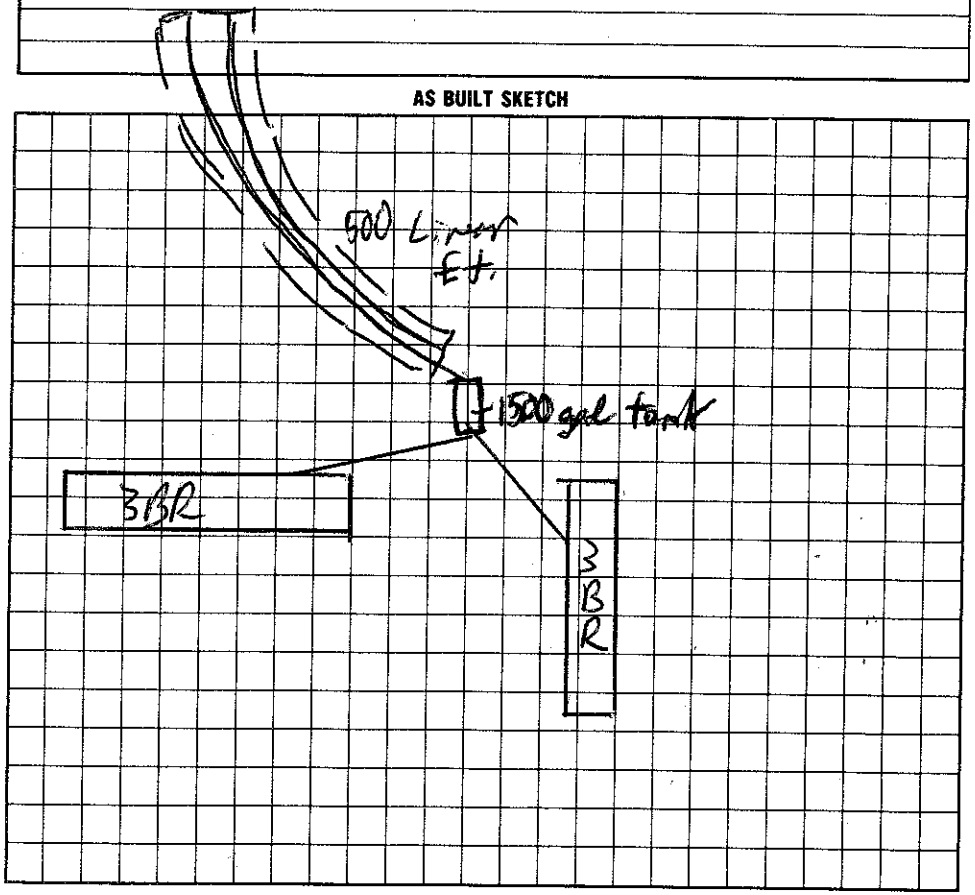
Water Supply: ☑ Individual ☐ Community ☐ Public

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.

Signed: Mabel Harris

Improvement Permit by: _____ date _____

Existing System Inspection by: C. Butch Thrasher EHS date 4/18/96

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: C. Butch Thrasher EHS date 4/18/96

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