21078

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. 21078 DATE 5-11-95 TAX MAP NO. 54-1-A-4 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Carrie may Upright PHONE: Business _____ Home 873 3726

ADDRESS Rt 1 Box 261 Troutman, N.C.

LOCATION 70E IR Knox Fm Rd 1mi left

SUBDIVISION H.b.wright Est. BLOCK / SECTION _____ LOT 4 LOT AREA 5.1 acres SITE CLASS. P3 DESIGN FLOW 240 L.T.A.R. .78

Septic Tank: 1000 Gallons; STB 825 Date 7-11-96

Pump Tank. _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

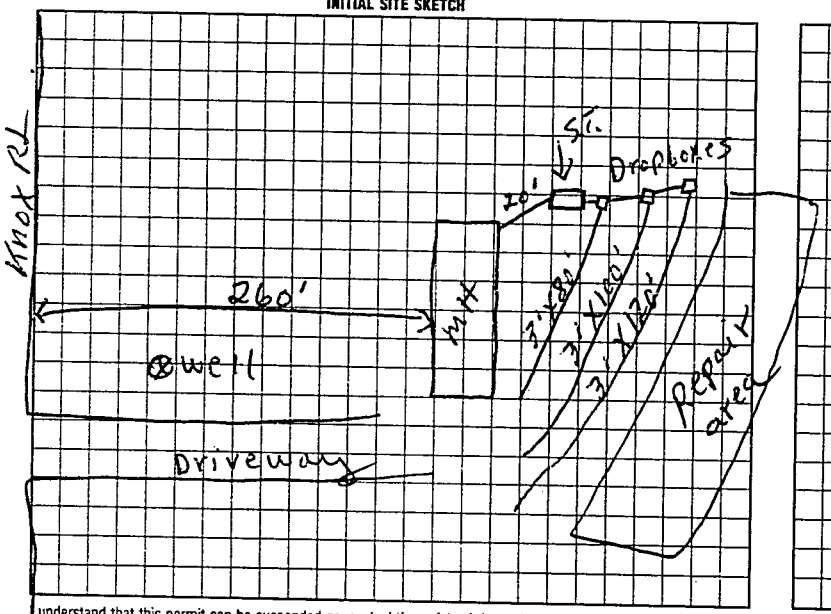
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Keep well 100' from any Septic Tank System

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: x James A Wright Jr.

Improvement Permit by: R.C. Moore date 5-11-95

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: _____ date _____

Operation Permit by: R.C. moore date 9-30-96

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