

IREDELL COUNTY HEALTH DEPARTMENT

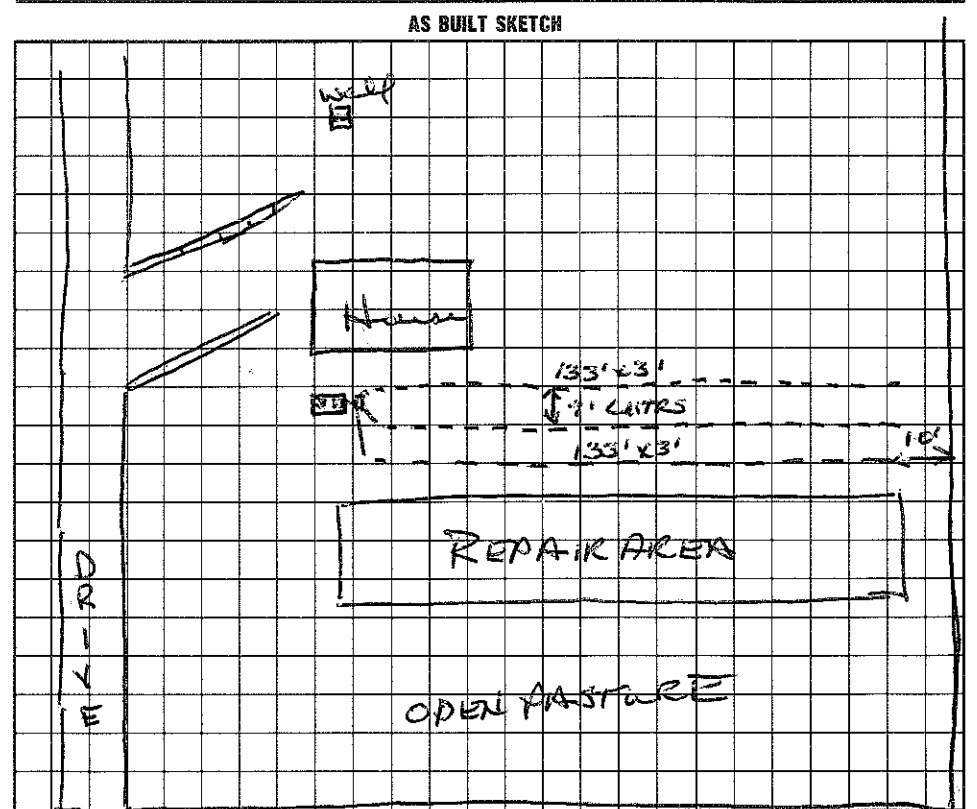
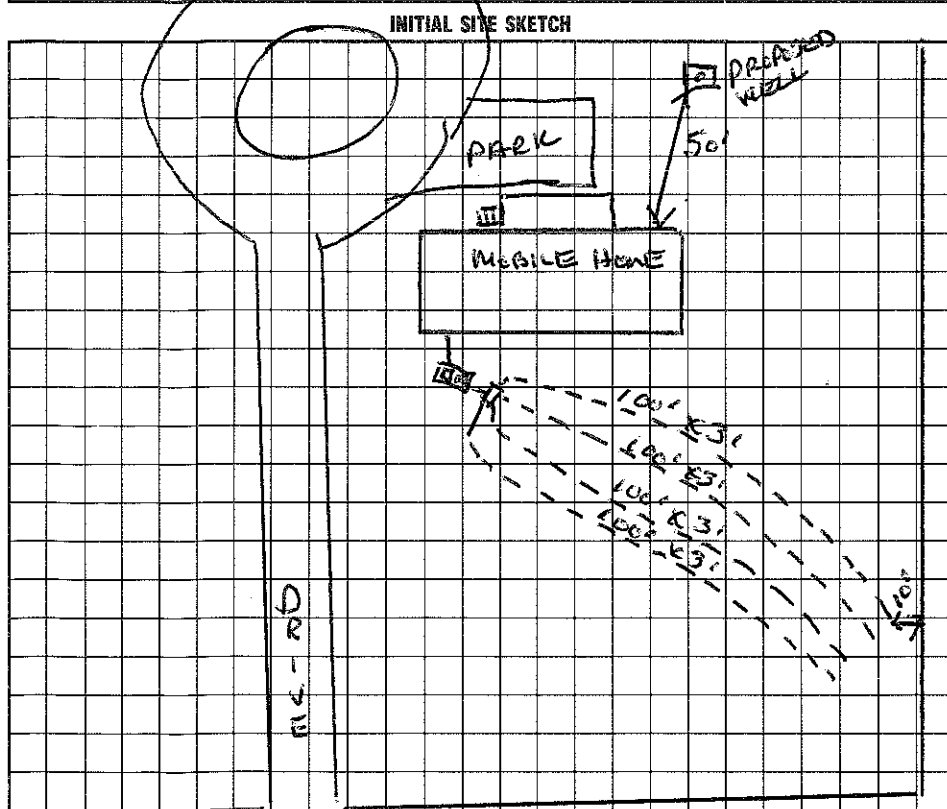
IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION, OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17198 DATE 11/22/93 TAX MAP NO. 4G-A-14B Watershed: ☒ Yes ☐ No
 OWNER OR CONTRACTOR THOMAS & SHARON TRAYLOR PHONE: Business _____ Home 528-9826
 ADDRESS Rt 1 Box 446-A TROUTMAN, NC.
 LOCATION WEATHERS CRK, 1.5 MILE ON RD FROM SHINNVILLE RD. TO END DRIVEWAY
 SUBDIVISION N/A BLOCK / SECTION N/A LOT N/A LOT AREA ~2046 SITE CLASS. P DESIGN FLOW 340 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB _____ Date _____
 Pump Tank: _____ Gallons; PT _____ Date _____
 Pump Make: _____ Model _____ Serial No. _____
 Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
 No Lines 3 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 12"
☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
 System Description: CORR. - DIST. BOX
 Repair System Description: _____
 Maintenance Agreement Required: ☐ Yes ☐ No
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
 Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

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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: Sharon J. Traylor
 Improvement Permit by: Wesley Sparks RS. date 11/22/93
 Existing System Inspection by: _____ date _____
 Installed by: Dennis Golicher
 Certificate of Completion by: Wesley Sparks RS. date 12/14/93
 Operation Permit by: _____ date _____
 HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD