IREDELL COUNTY HEALTH DEPARTMENT

Cancel Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 068090 DATE Sept 29, '97 TAX MAP NO. 3774749738 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR REJ Marketing PHONE: Business _____ Home _____

ADDRESS PO Box 1627 Matthews NC 28106

LOCATION I40 Shannon/Schild N TL Stewart Rock TL Fulbright TR Gardner Rd. TR RIVERCLIFF on Right

SUBDIVISION Rivermath BLOCK / SECTION 6 LOT 1 LOT AREA 3.98Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10-21-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: gravity conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

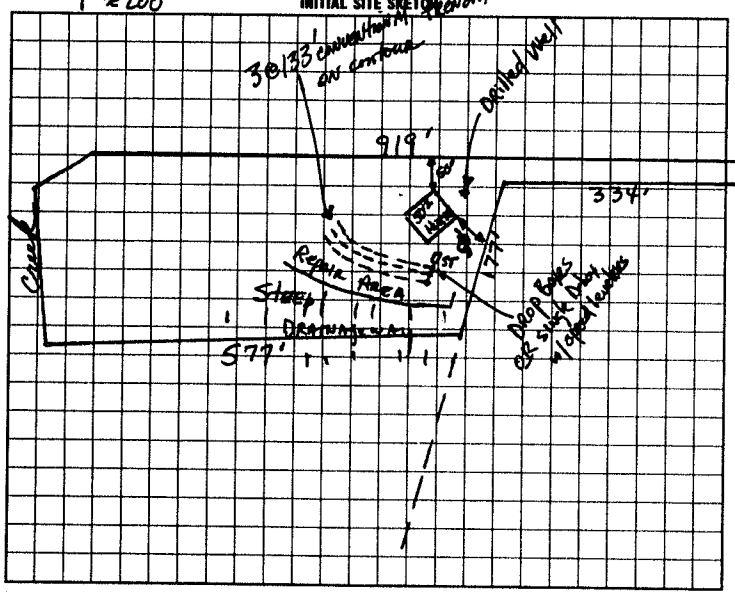
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

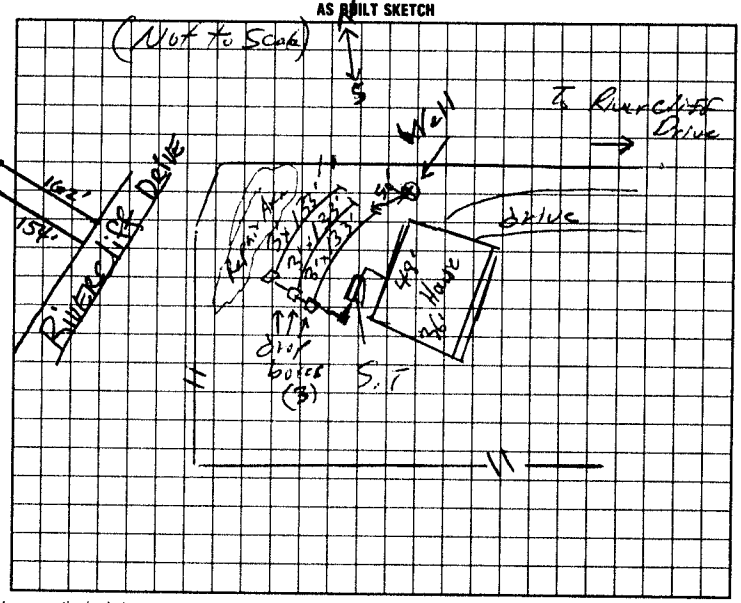
Comments: House footprint (50²) includes deck/patio.
THIS PERMIT VOIDS PREVIOUS ISSUED 1-28-97

Comments:
- Label Filter Installed
- Septic Tank Marker Installed

INITIAL SITE SKETCH 1"=200'



AS BUILT SKETCH (Not to Scale)



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 9-29-97

~~Construction~~ Inspection by: William O. Johnson date 9/24-01

Installed by: Craig Thompson

Certificate of Completion by: William O. Johnson date 12/4/01

Operation Permit by: _____ date _____

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