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. 2140 | DATE 7-25-95 | TAX MAP NO. 80-A-21 | Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Bob Haden | PHONE: Business 872-0227 | Home

ADDRESS 146 Wilhelm Rd

LOCATION 70 W To Eufola Rd To Hitton Valley Dr. To Visible Dr. Next lot lot Rt

SUBDIVISION Hittenvalley (Mtb) | BLOCK / SECTION | LOT 3 | LOT AREA | SITE CLASS. 3 | DESIGN FLOW | L.T.A.R.

Septic Tank: ____ 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: ____

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

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

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

No. Bedrooms 2 | No. Bathrooms 1 | No. Employees ____

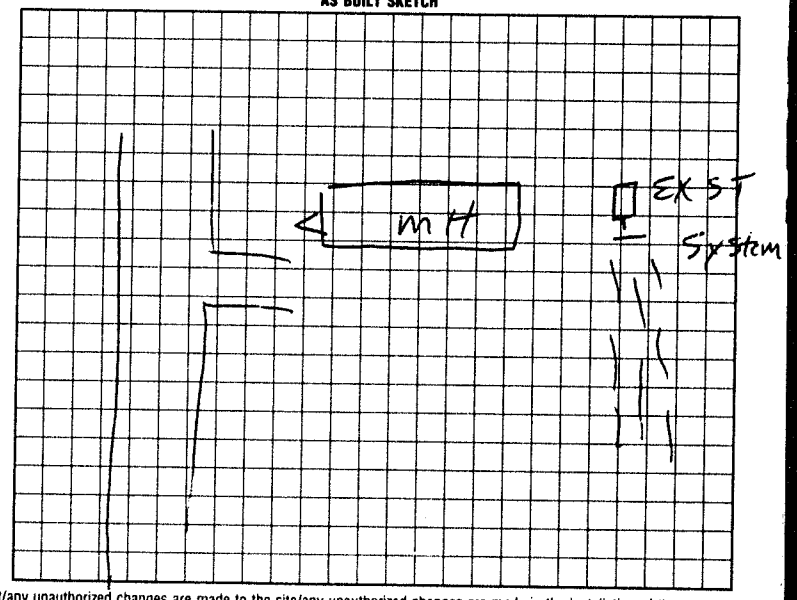
Water Supply: ☐ Individual ☑ Community ☐ Public

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: ____

Improvement Permit by: ____ date ____

Existing System Inspection by: R. C. Moore date 7-25-95

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