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. 25626 DATE 12-3-96 TAX MAP NO. 8V-A-87 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Barry Bullin PHONE: Business _____ Home 838-0293 WSIV-PA

ADDRESS 168 Bolick Rd

LOCATION I-40 W TR Out Mount Rt TL Sterling Rt TR Linton Rt TR Bolick 5th Home Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 acre SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1 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

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

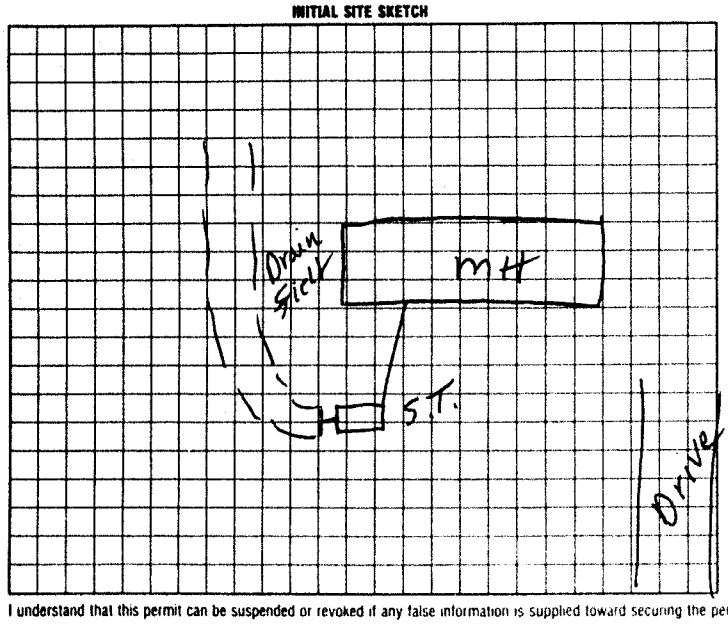
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

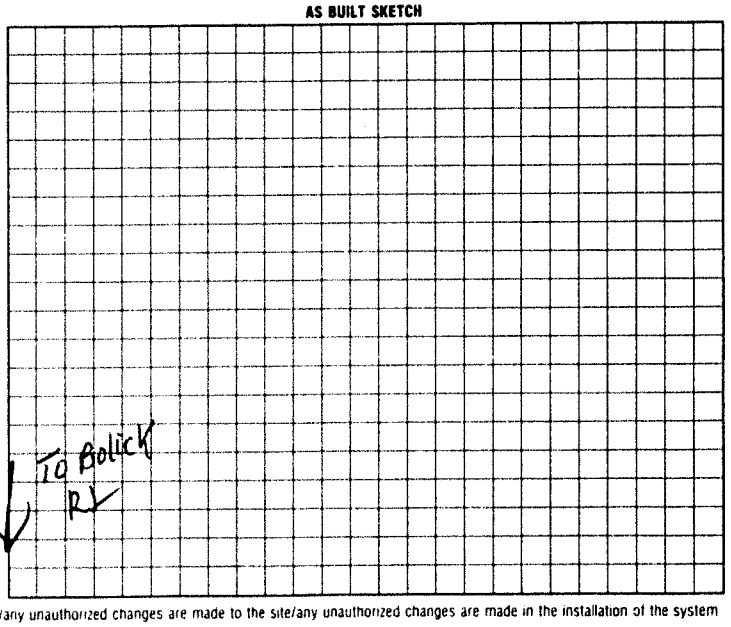
Comments:

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: _____ Installed by _____

Improvement Permit by: _____ date _____ Certificate of Completion by _____ date _____

Existing System Inspection by: R. C. Moore date 12-3-96 Operation Permit by _____ date _____

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