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. 069546 DATE 9-24-97 TAX MAP NO. 3795175189 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Fred Kuelbs PHONE: Business _____ Home _____

ADDRESS 176 Alyn Statesville

LOCATION I40W TROMR TL Aly Ln go to end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.57 SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. 0.

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: Existg Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 120

No Lines 1 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

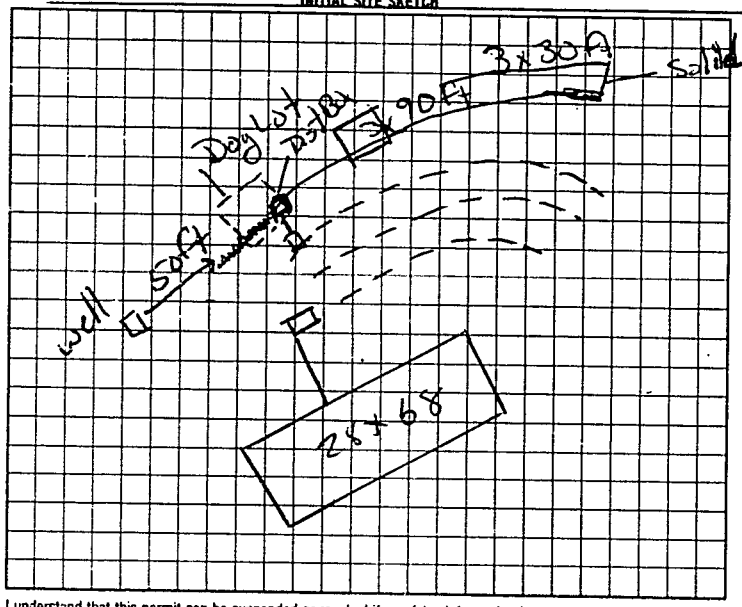
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

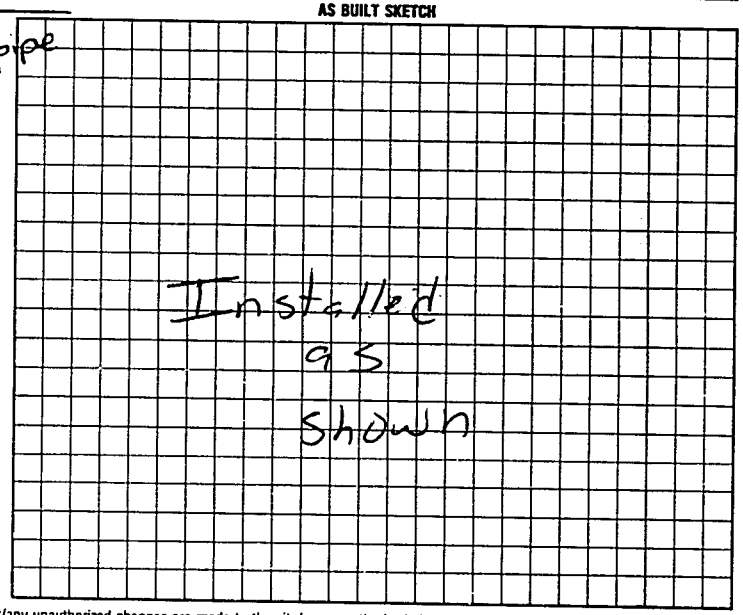
Keep 10ft from prop Line

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: Russell Dean

Improvement Permit by: Mark Cox RS date 9-24-97

~~Existing System~~ Inspection by: Mark Cox RS date 9-24-97

Authorization to construct

Installed by: A-1 Backhoe

Certificate of Completion by: _____ date _____

Operation Permit by: Mark Cox RS date 10-31-97

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