# 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. 23316 DATE 4-12-96 TAX MAP NO. 9J-4-A-5 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JAMES A. BEAM PHONE: Business _____ Home 873-3985

ADDRESS 2107 OLD MTN. RD, STATESVILLE, NC 28677

LOCATION US 64 W, TL 2ND LACKEY FARM RD, TR GREGG LANE, TR AT END, MH ON (R) AT END

SUBDIVISION _____ BLOCK / SECTION _____ LOT 5 LOT AREA 53 X 260 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet EXISTING

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I (II) III IV V VI

System Description: CONV. GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

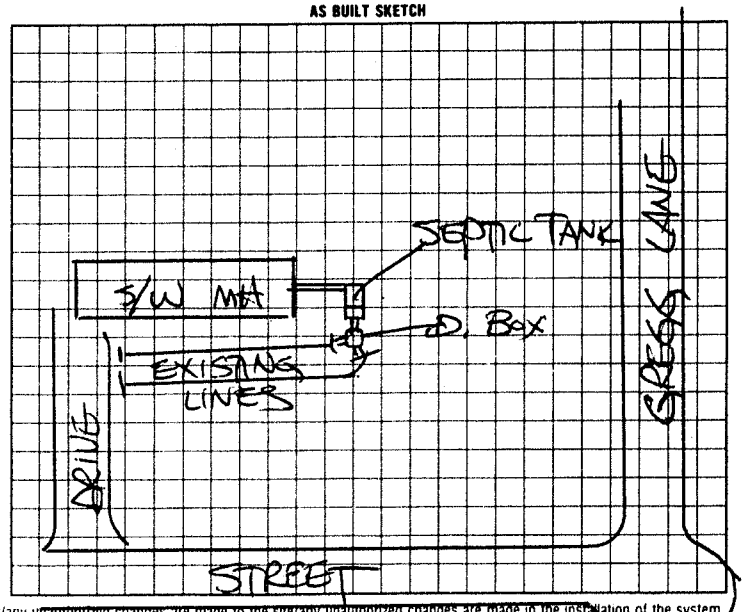
Water Supply:
☐ Individual
☐ Community
☐ Public

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: STEVE HENDRICK date 4-12-96 Operation Permit by: _____ date _____

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