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. 21675 DATE 8-1-95 TAX MAP NO. 9J-A-22 (PART) Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR TONJA LYNETTE HOWARD PHONE: Business Home (704) 632-9258

ADDRESS P.O. BOX 1011 TAYLORSVILLE, NC 28681

LOCATION NC 90 W, TR MIDWAY RD TL HALYBURTON, 4th LOT ON RIGHT

SUBDIVISION HALYBROOK BLOCK / SECTION I LOT 8 Lot AREA 0.568 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 2-11-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 18-30 Gravel Depth 12"

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

System Description: CONV, GRAVITY

Repair System Description: CONV, GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

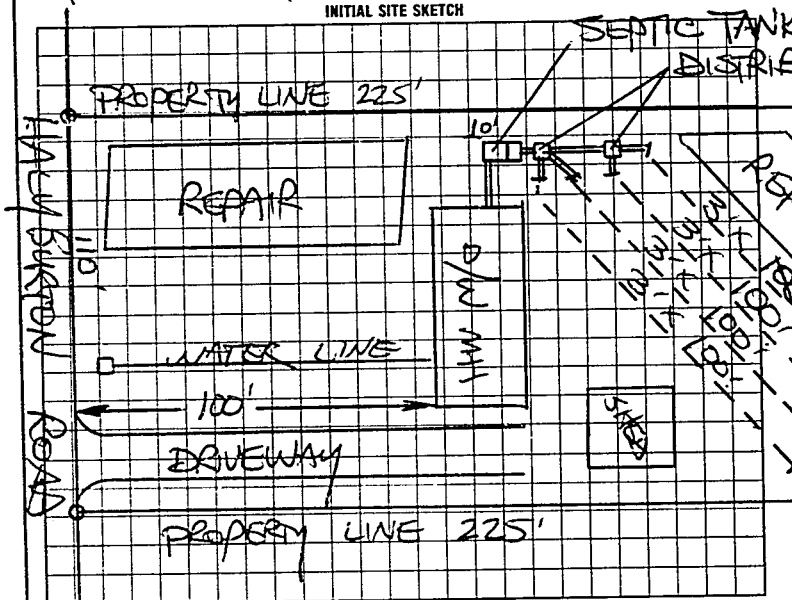
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

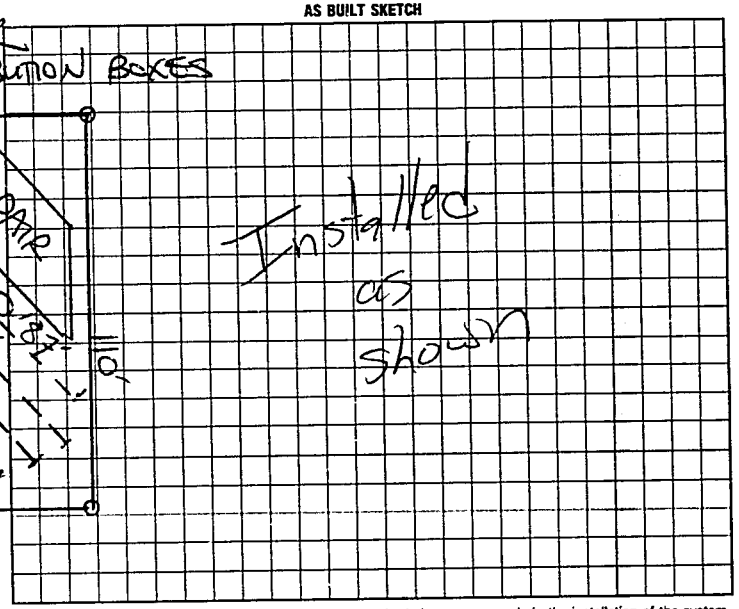
Comments: ① KEEP SYSTEM MINIMUM 5' FROM FOUNDATION, 10' FROM PROPERTY LINE ② INSTALL LINES AS SHOWN, NO DEEPER THAN 30", 9' MIN. ON CENTERS

Comments: * Colvert for Drive wrong s.b. last line short- ~~to the~~ property line closer

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: Tonja Howard

Improvement Permit by: STEVE HEDRICK date 8-1-95

Existing System Inspection by _____ date _____

Installed by: Scott Green

Certificate of Completion by: _____ date _____

Operation Permit by: Mary C. Ortiz RS date 3-24-97

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

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