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. 19906 DATE 12/14/94 TAX MAP NO. 2D-1-A-151 4615807014 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Wm. Streeff PHONE: Business _____ Home 636-7215

ADDRESS 550 N Main St Statesville, NC.

LOCATION Stonemarker West, .6 mile on (L) below road

SUBDIVISION Crescent Landing BLOCK/SECTION 6 LOT 151 LOT AREA ~3/4 Ac. SITE CLASS P DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: Existing System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

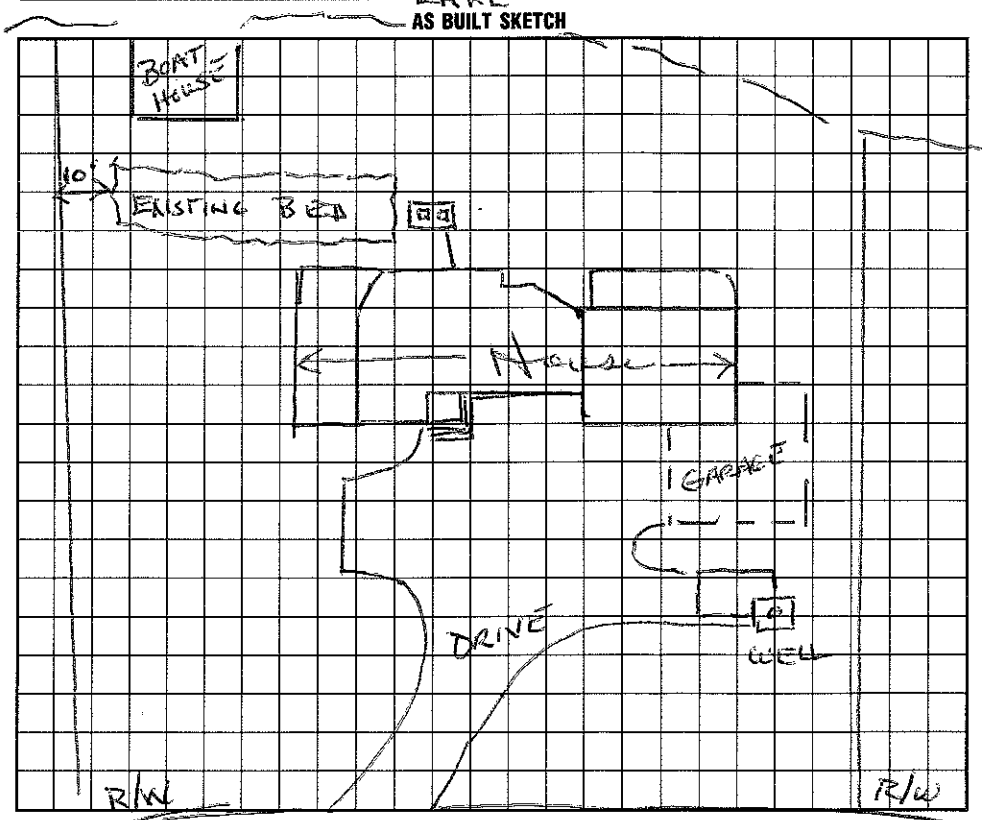
Water Supply:
☑ Individual
☐ Community
☐ Public

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

Signed: _____ Installed by: _____

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

Existing System Inspection by: Wesley Hooks RS date 12/14/94 Operation Permit by: _____ date _____

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