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. 16058 DATE Jan. 17, '95 TAX MAP NO. 2E1A 104 Watershed: ☑ Yes ☐ No WS IV

OWNER OR CONTRACTOR Jerry Morrow PHONE: Business _____ Home _____

ADDRESS PO Box 1317 Davidson, N.C.

LOCATION 1100 SR Chanticleer To Barber Loop 1/2 mile on left

SUBDIVISION Crescent Hill BLOCK / SECTION 7 LOT 104 LOT AREA Existing SITE CLASS. _____ DESIGN FLOW 360 gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Ex Square Feet 450 Linear Feet 150

No Lines 6 in bed Trench Width 18" Max Trench Bottom Depth _____ Gravel Depth 12"

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

System Description: gravity conventional beds

Repair System Description: LOOPBS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

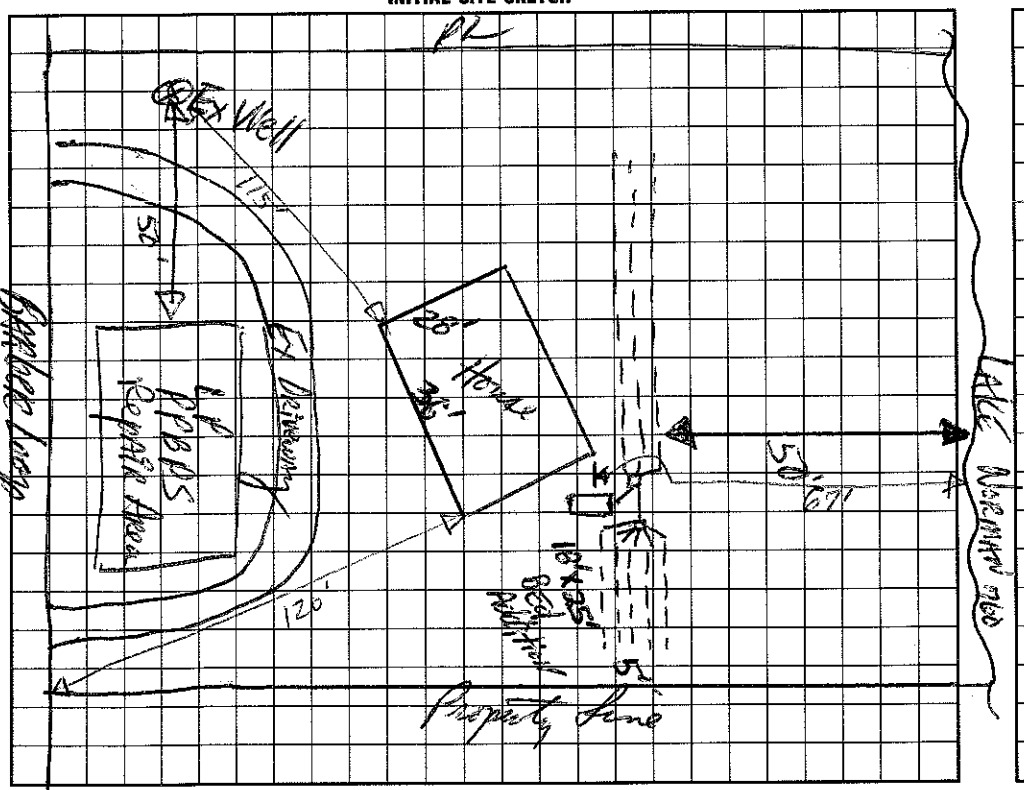
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

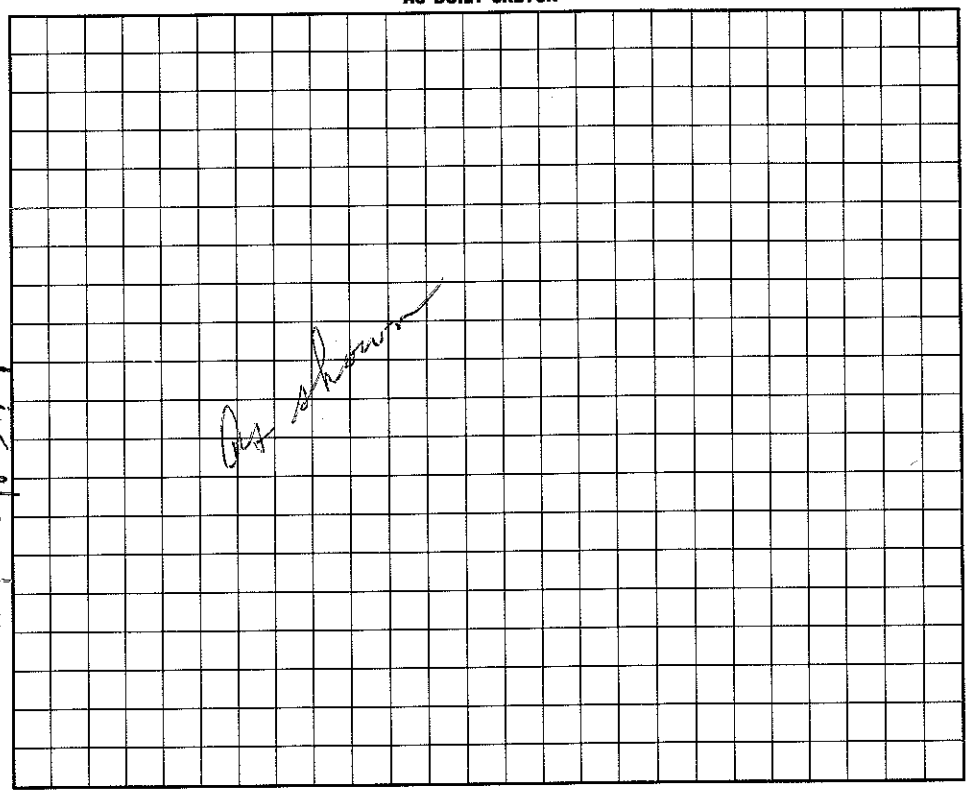
Comments:

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: _____

Improvement Permit by: Jerry Morrow IRS date 1-18-95

Existing System Inspection by: _____ date _____

Installed by: Jerry Morrow

Certificate of Completion by: [illegible] IRS date 8-23-95

Operation Permit by: _____ date _____

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