IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTIO

PROPERTY DESCRIPTION NO. 15868 DATE July 16, '93 TAX MAP NO. 20-1-A 195

OWNER OR CONTRACTOR MANUS HOMES PHONE: Business Home 4615907756

ADDRESS

LOCATION 1109 TR 1236 ~ 1 mile on left (~ 3 mile past FRANKLANE)

SUBDIVISION STONEMARKER II BLOCK / SECTION LOT 18 LOT AREA ½ Ac± SITE CLASS. AS L.T.A.R. .43

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1250 Gallons; STB 1013 (RST) Date 4-20-93

Pump Tank: Gallons; PT Date

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

No Lines 5 Trench Width 36" Trench Depth 36" Gravel Depth 12"

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

System Description: gravity CONVENTIONAL

Repair System Description: SAME OR PPBPS

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

Garbage Disposal: ☑ Yes ☐ No

Auto. Dishwasher: ☑ Yes ☐ No

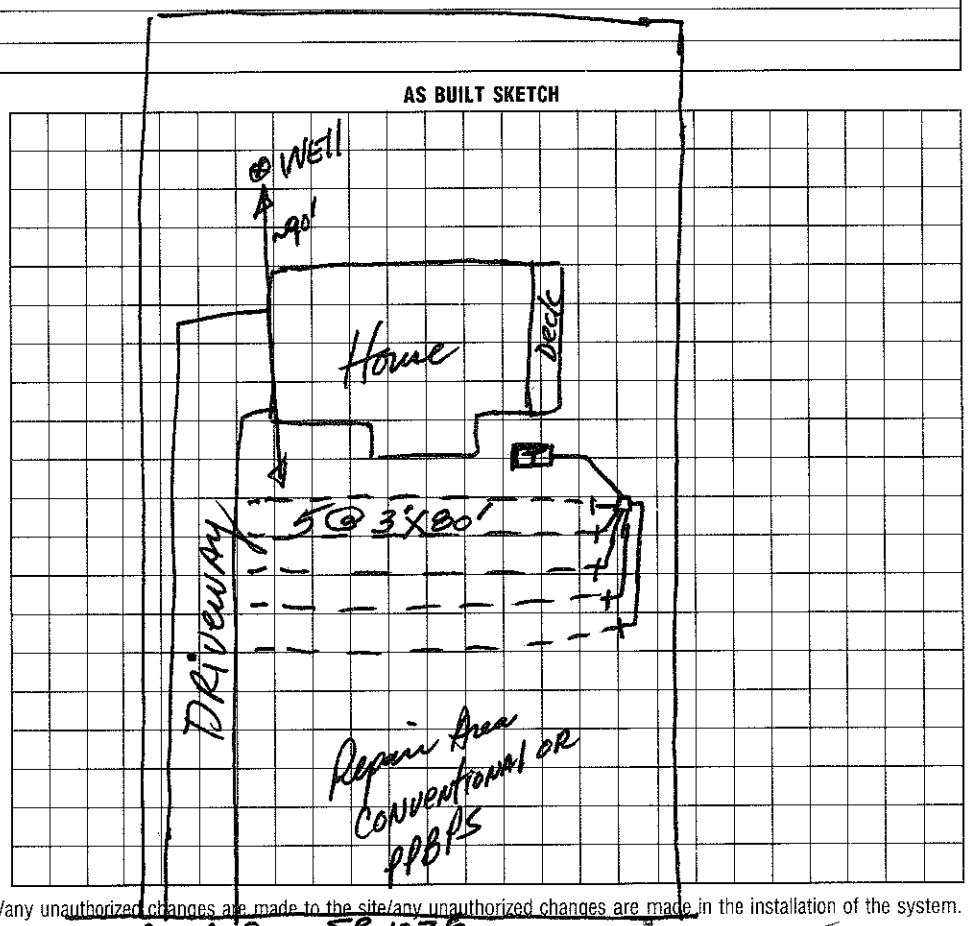
Auto. Washing Machine: ☑ Yes ☐ No

Other

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: date

Existing System Inspection by: date

Installed by: Richard Allen

Certificate of Completion by: Jerry R Hinson IRS date 7/16/93

Operation Permit by: date

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