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. 24385 DATE 8/20/97 TAX MAP NO. pt of 2C 4 3 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR JIM BECHTOLD PHONE: Business ~~Home~~ 4625-28-2433

ADDRESS 5031 FOXBRIAR TRCT CHARLOTTE

LOCATION BRAWLEY SCHOOL RD - TR BAY HARBOUR - TR HUNTERS PT LN - AT END ON LT

SUBDIVISION HARBOUR BLOCK / SECTION I LOT 44 LOT AREA 43,085 ft SITE CLASS. RS DESIGN FLOW 450 L.T.A.R. .5

Septic Tank: ~~1000~~ 1500 Gallons; STB 797 Date 2/14/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1230 Linear Feet 410

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth STONE

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

System Description: GRAVITY CHAMBERED

Repair System Description: PUMP CHAMBER

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

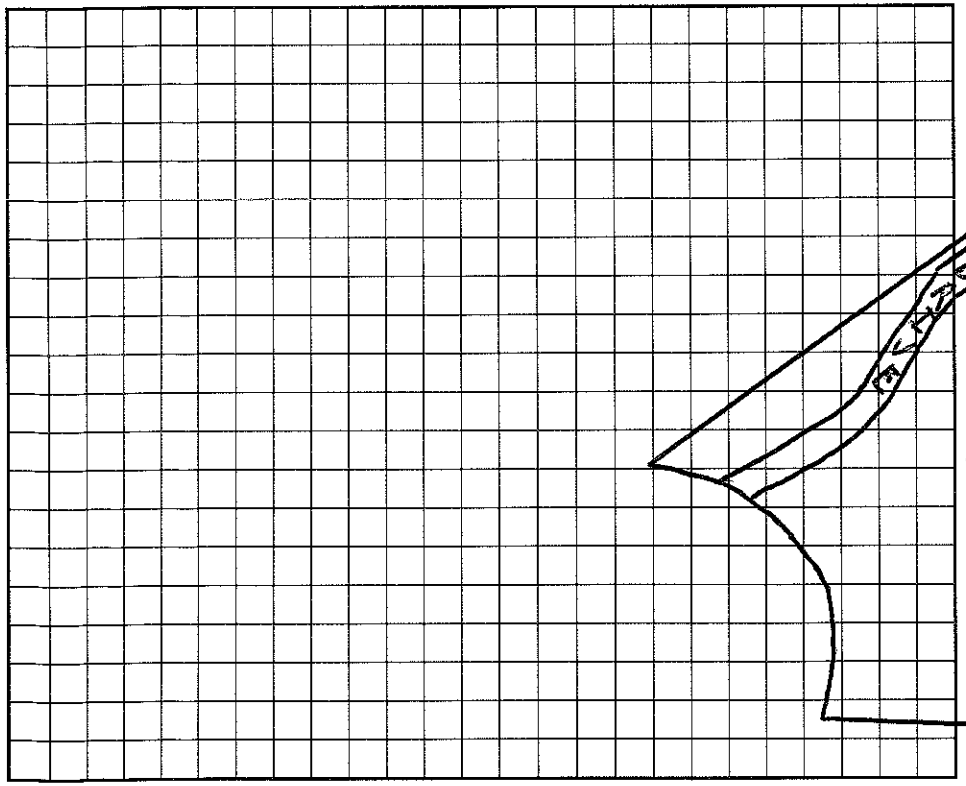
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

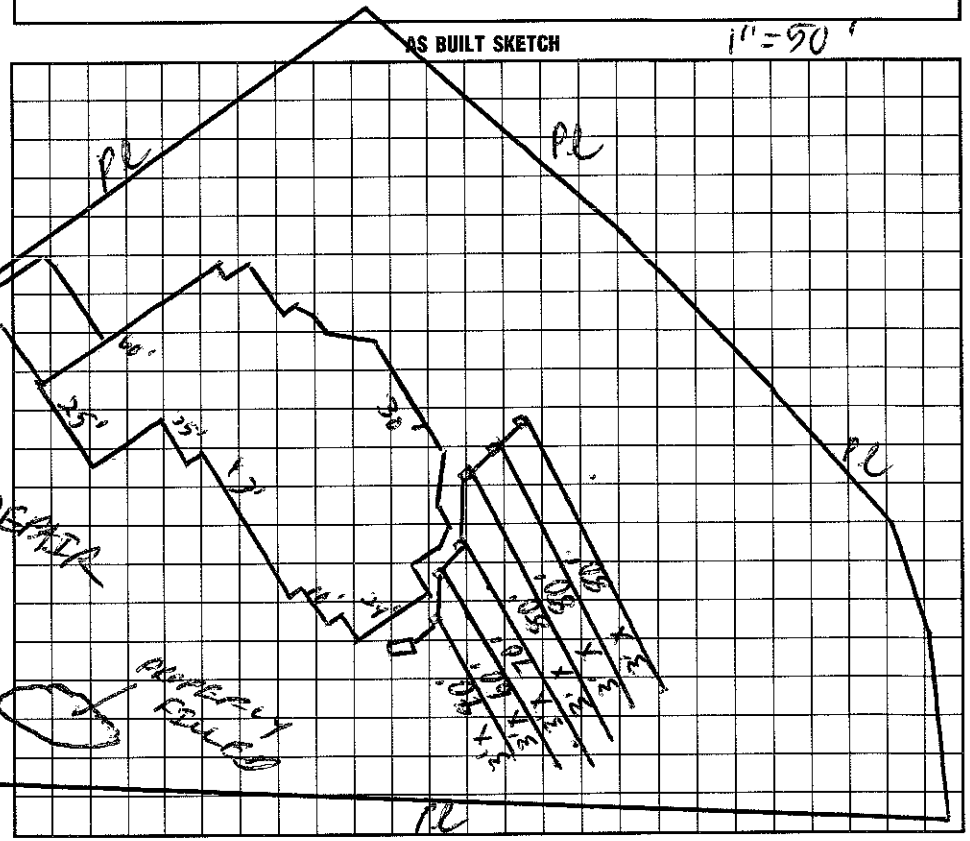
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH 1" = 50'



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: FJ ERVIN

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

Existing System Inspection by: _____ date _____ Operation Permit by: C. Ray Freeman date 8/20/97

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