4626056811

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. 26214 DATE ~~2/00~~ 2/21/97 TAX MAP NO. 4626056811 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR JACK A. LUCAS PHONE: Business _____ Home 553-7993

ADDRESS 6852 BALTUSROL CHARLOTTE NC

LOCATION BRAWLEY SCHOOL RD. TR McKendree - TL 2nd KEMP RD ~~Left~~ ENTRANCE - # 7th ON LT

SUBDIVISION CL&T BLOCK / SECTION 8 LOT 182 LOT AREA .75 AC SITE CLASS. BS 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 ____ Square Feet 400 Linear Feet _____

No Lines 1 TRENCH Trench Width 8' Max Trench Bottom Depth - Gravel Depth -

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

System Description: GRAVITY BED

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

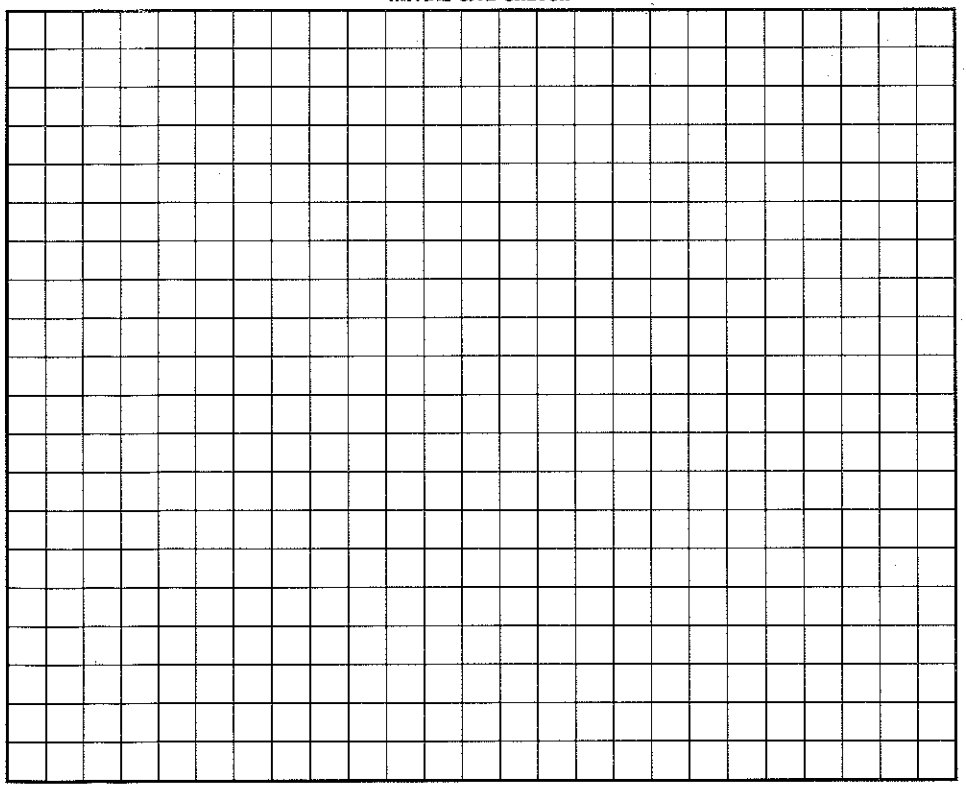
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

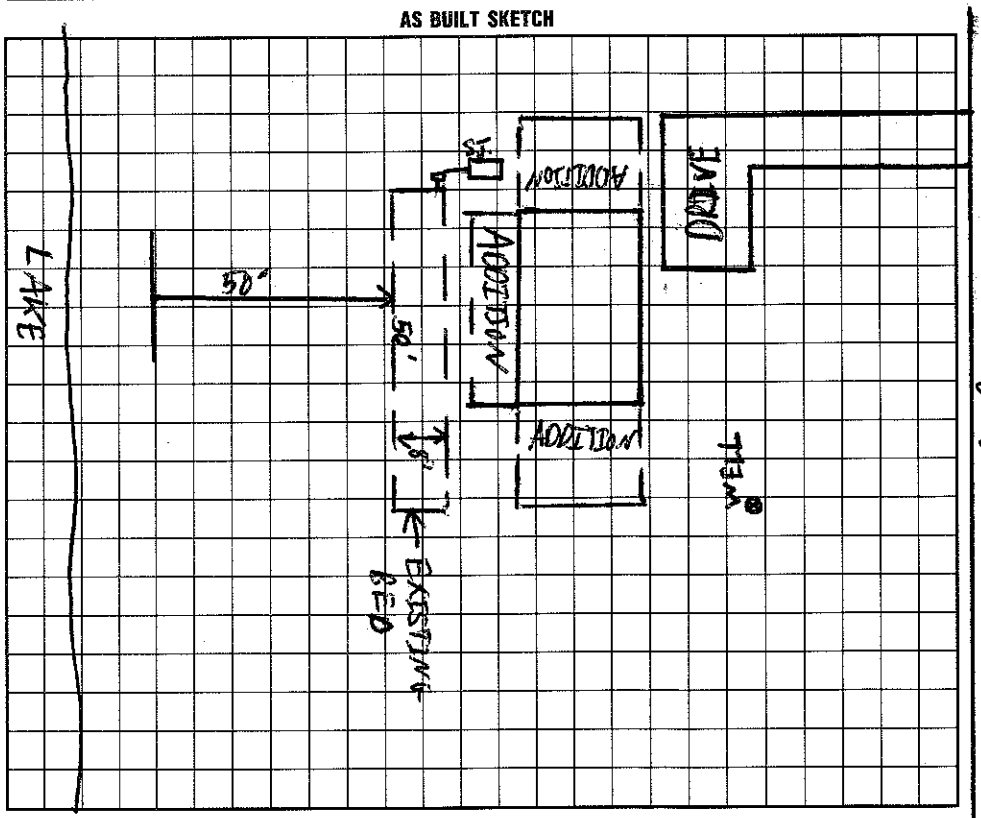
Comments: BED

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: C. Blythe date 2/21/97 Operation Permit by: C. Blythe date 2/21/97

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