IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 19632 DATE Nov. 28, '94 TAX MAP NO. 2E1A 152 4626 10 5743 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR William Young PHONE: Business _____ Home 664-4347 CNWSTE

ADDRESS 223 Barber Loop

LOCATION 1100 TR 1177 TR 1st Barber Loop n½ mile on left

SUBDIVISION Crescent Lk BLOCK / SECTION 7 LOT 152 LOT AREA ~3/4 AC SITE CLASS. _____ DESIGN FLOW 360 gpd L.T.A.R. .3-.4

Septic Tank: 1000 Gallons; STB 794 Date 2/7/96 ☐ New System ☑ Repair System Type: I, II, (III), IV, V, VI ☑ House/Mod. Home No. Bedrooms 3 Water Supply:

Pump Tank: 1000 Gallons; PT 24 Date 10/30/95 System Description: pumped conventional w/grav. washer ☐ Mobile Home No. Bathrooms 2½ ☑ Individual

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: LPS (LPPBIS) ☐ Business No. Employees _____ ☐ Community

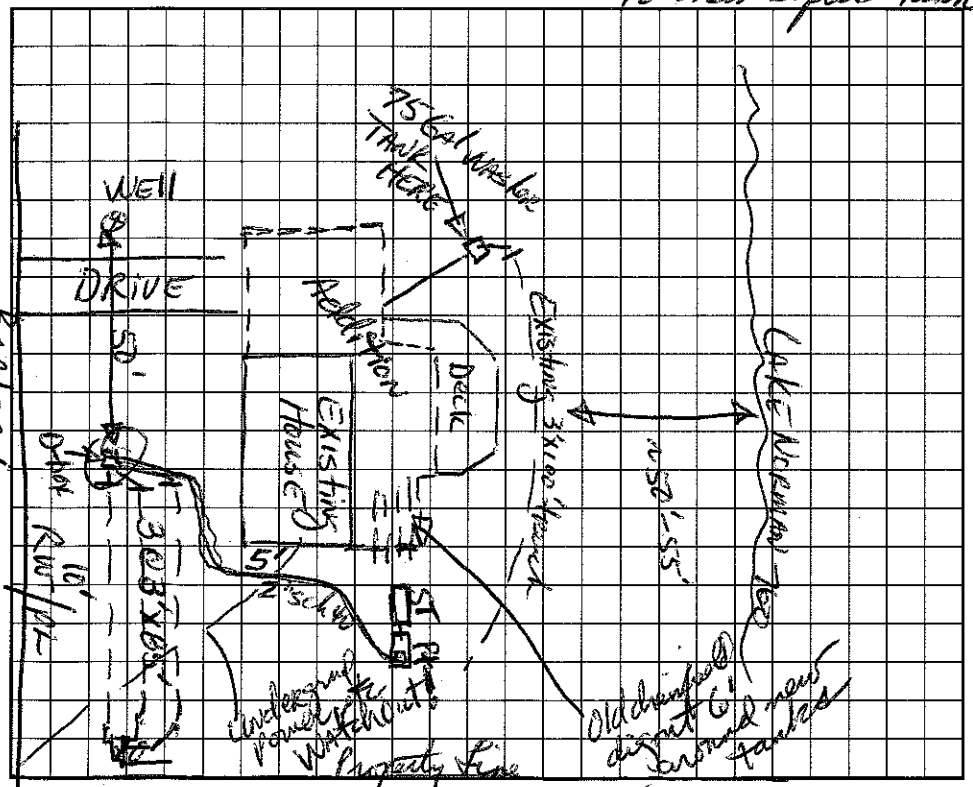
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 250+ Maintenance Agreement Required: ☐ Yes ☑ No ☐ Other _____ ☐ Public

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

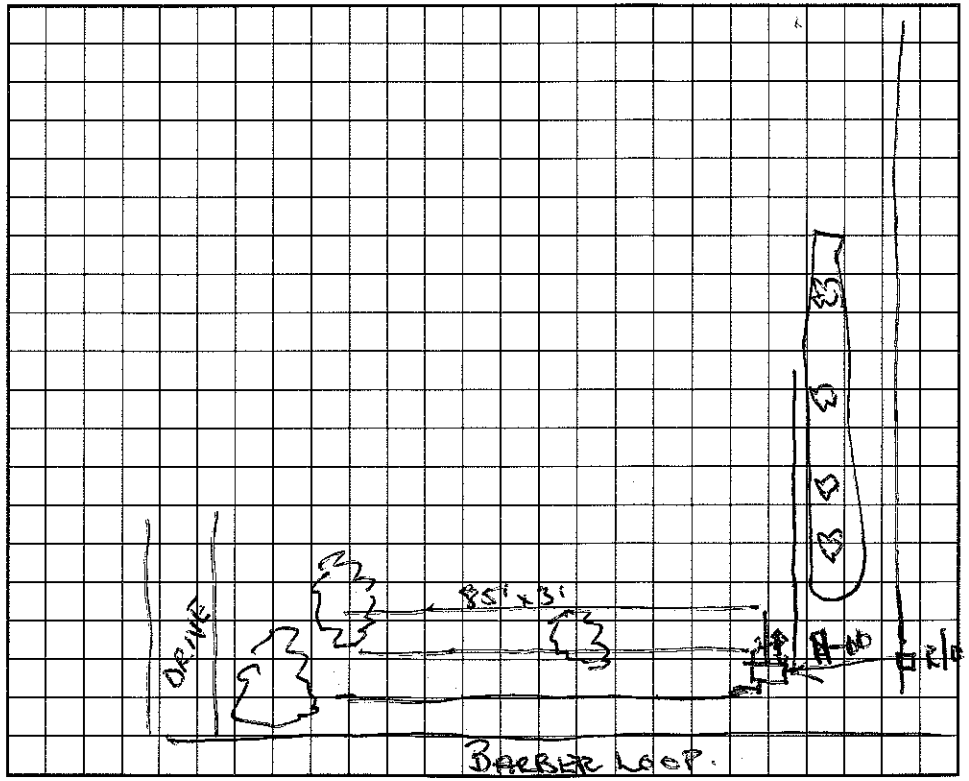
Comments: Addition over existing system, Part of old system to be removed as needed. Separate washer and divert to washer tank as shown and to 100' Addition (1986). Remainder of plumbing to be diverted to new septic tank

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: William H. Young

Improvement Permit by: Mike Hanson, RS date 11/28/94

Existing System Inspection by: _____ date _____

Installed by: Bob Mayhew

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS date 4/8/96

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