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. 2E 1A 62 DATE 6/3/94 TAX MAP NO. 2E 1A 62 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Gilbert S. Cashion PHONE: Business _____ Home 313-974-1228

ADDRESS 3554 Salem Dr. Rochester Hills MI 48036

LOCATION Barber Loop - 1100 TR Chuckwood (L) Barber Loop first on (R)

SUBDIVISION CL+T BLOCK / SECTION 7 LOT 62 LOT AREA ~.75 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25 = .3

Septic Tank: 1000 (EXISTING) Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Existing Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

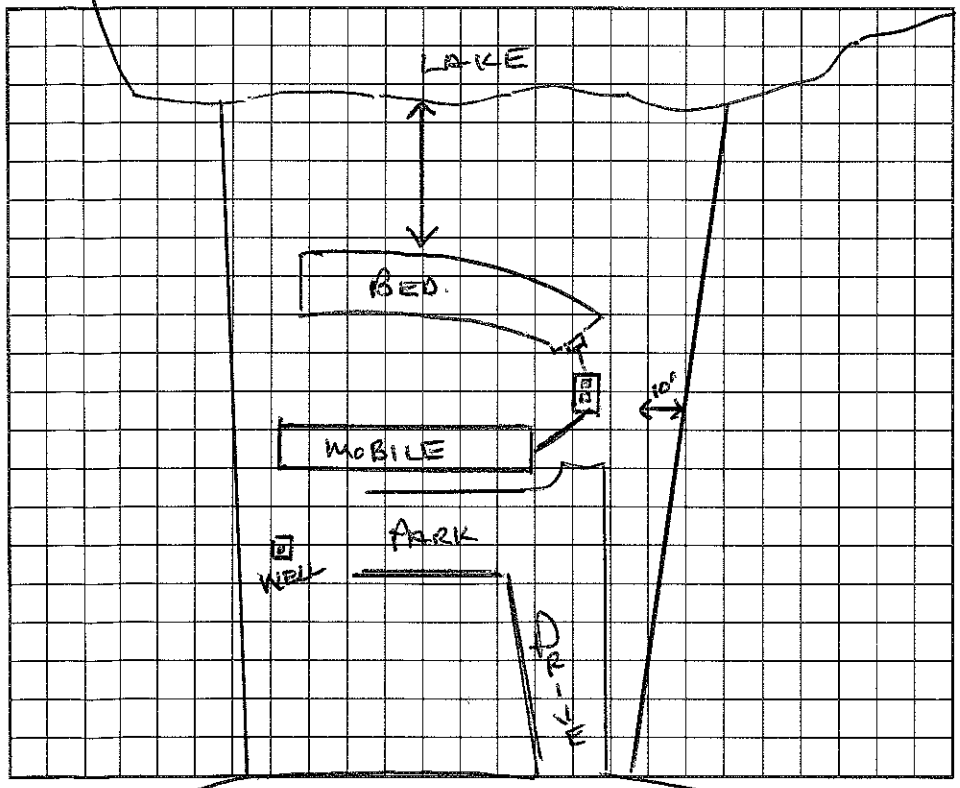
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Existing System.

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. BARBER LP.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Wesley Sparks RS. date 6/3/94

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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