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. DATE June 28, '93 TAX MAP NO. 4626350033

OWNER OR CONTRACTOR Jim & Delores Graham PHONE: Business Home

ADDRESS

LOCATION 1100 TR 1177 to end TR Indian Trail .9 mile on left

SUBDIVISION Crescent Lake Norman BLOCK / SECTION 7 LOT 21 LOT AREA SITE CLASS. L.T.A.R. .1-.2

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: Existing Gallons; STB Date

Pump Tank: Gallons; PT Date

Nitrification Field: No Fields 2 Square Feet Linear Feet 240

No Lines 6 Trench Width 24" Trench Depth Gravel Depth NA

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

System Description:

Repair System Description: gravity PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

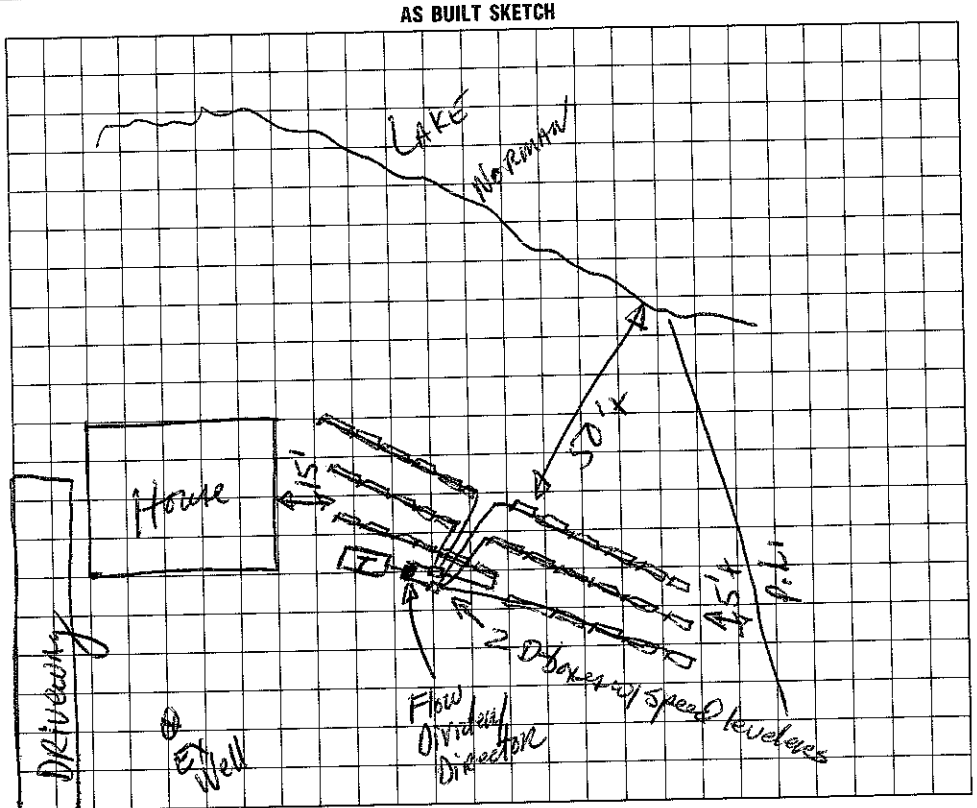
Auto. Washing Machine: ☑ Yes ☐ No

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:

Certificate of Completion by: date

Operation Permit by: date 6/28/93

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