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. 22500 DATE April 26, '96 TAX MAP NO. part of 2 L A11 / 4626-49-5738 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Easter Development Corp. PHONE: Business _____ Home _____

ADDRESS 227 Hideaway Lane, Mocksville

LOCATION Brayboy Schl Rd. TR McKenzie TR High Circle on Right

SUBDIVISION Hawks Nest BLOCK / SECTION _____ LOT 4 LOT AREA .5 Ac SITE CLASS. PSpec.1956 DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 4/9/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 4+3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: grast panel

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

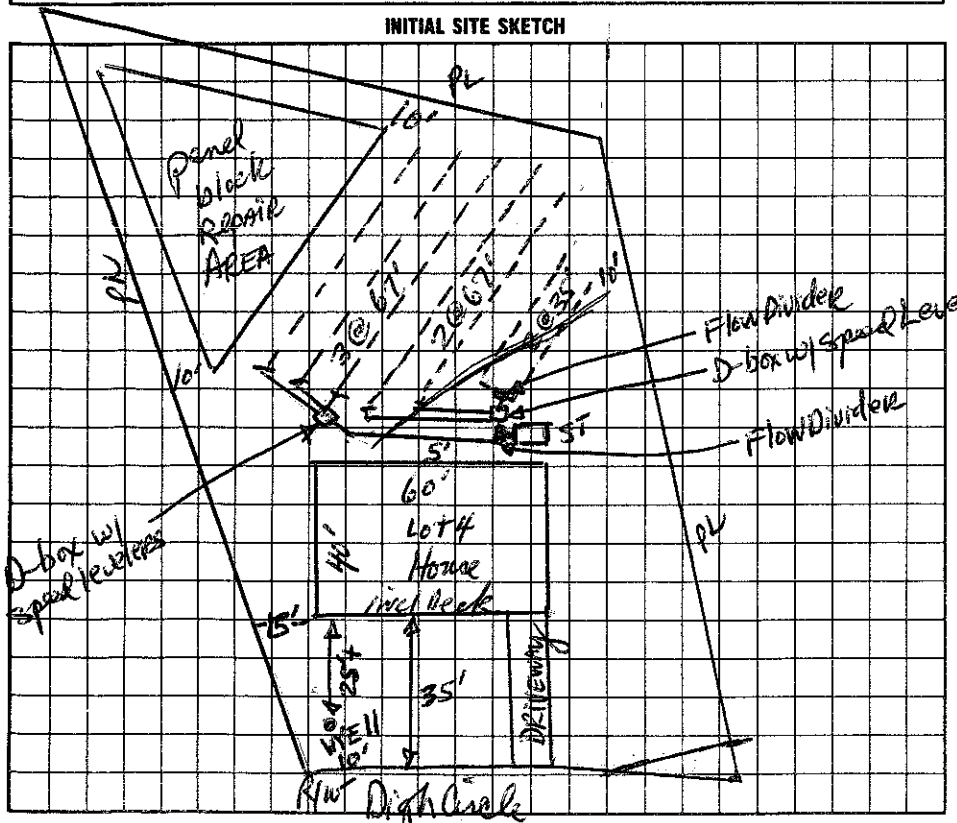
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

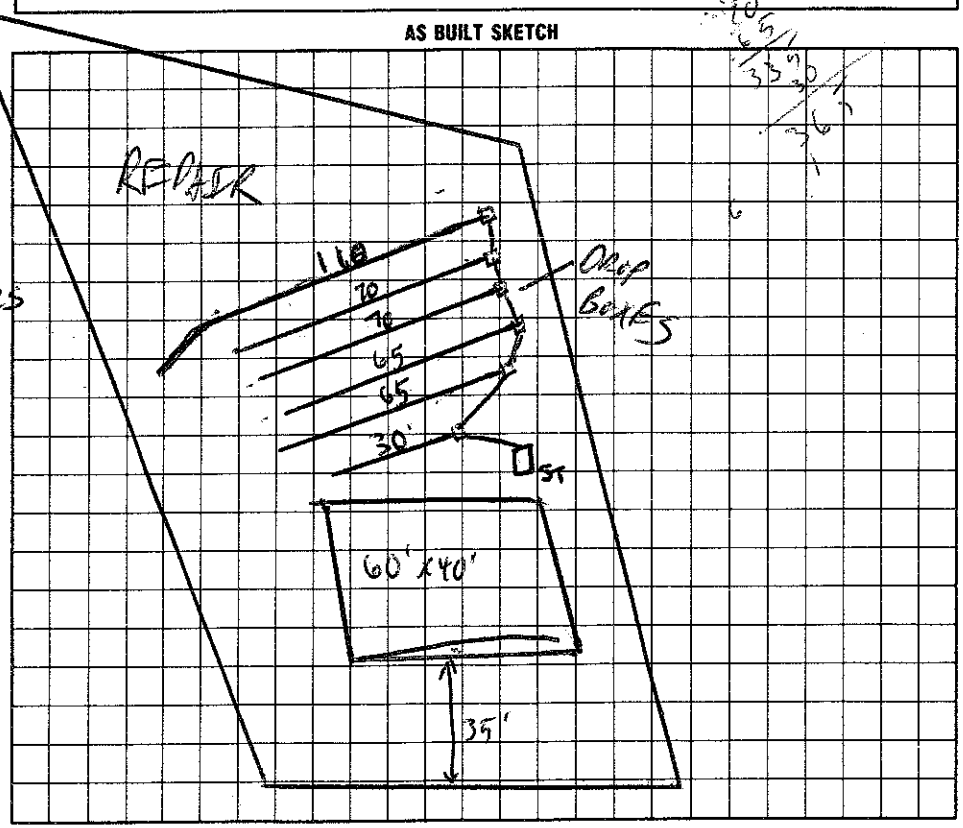
Comments:

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.

Signed: _____

Improvement Permit by: _____ date 4-26-96

Existing System Inspection by: _____ date 12-3-96

Installed by: CURT DUNNING

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 6/11/97

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