# 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. 14820 DATE Dec 21, 194 TAX MAP NO. 2CA3 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Stilley Burbank PHONE: Business 8962568 ~~Home~~ 4626-50-6403

ADDRESS PO Box 176 Troutdale

LOCATION 1100 ft Bay Harbour Rd on left

SUBDIVISION The Harbour BLOCK / SECTION 1 LOT 58 LOT AREA .62 Ac SITE CLASS. Spa 1956 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Bellinger Date 12-14-94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 270

No Lines 4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: grav. PPBPS

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

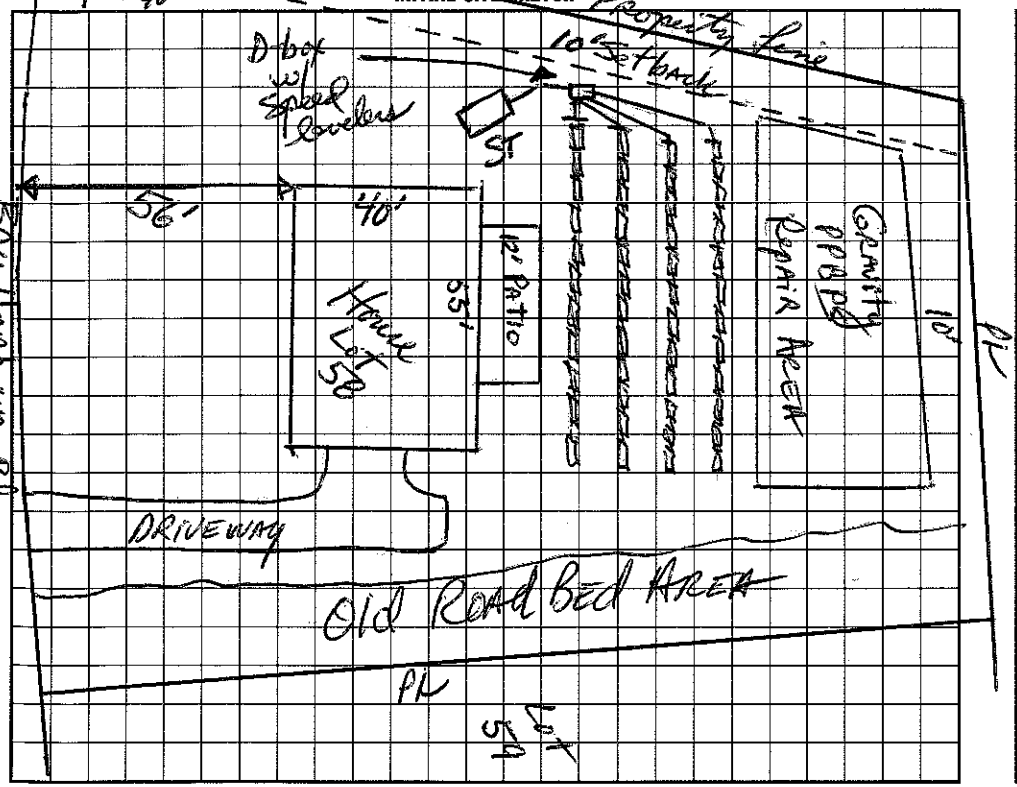
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Community
☐ Public

Comments:

Comments: Installed as shown

**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: [signature]

Improvement Permit by: [signature] RS date 12/21/94

Existing System Inspection by: ____ date ____

Installed by: Barry Thompson

Certificate of Completion by: ____ date ____

Operation Permit by: [signature] date 4/6/95

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