IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 16719 DATE July 28, 93 4626640632 TAX MAP NO. 2F2A31

OWNER OR CONTRACTOR Sara Whitney PHONE: Business Home 342-1896

ADDRESS 816 Lexington Ave Charlotte

LOCATION 1190 TR South Fork Bear right on Agnew 1/2 mile on left

SUBDIVISION Crescent/Lake Norman BLOCK / SECTION 8 LOT 657 LOT AREA SITE CLASS. L.T.A.R.

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: Existing Gallons; STB Date

Pump Tank: Gallons; PT Date

Nitrification Field: No Fields Existing Square Feet Linear Feet

No Lines Trench Width Trench Depth Gravel Depth

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

System Description:

Repair System Description:

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

Garbage Disposal: ☑ Yes ☐ No

Auto. Dishwasher: ☑ Yes ☐ No

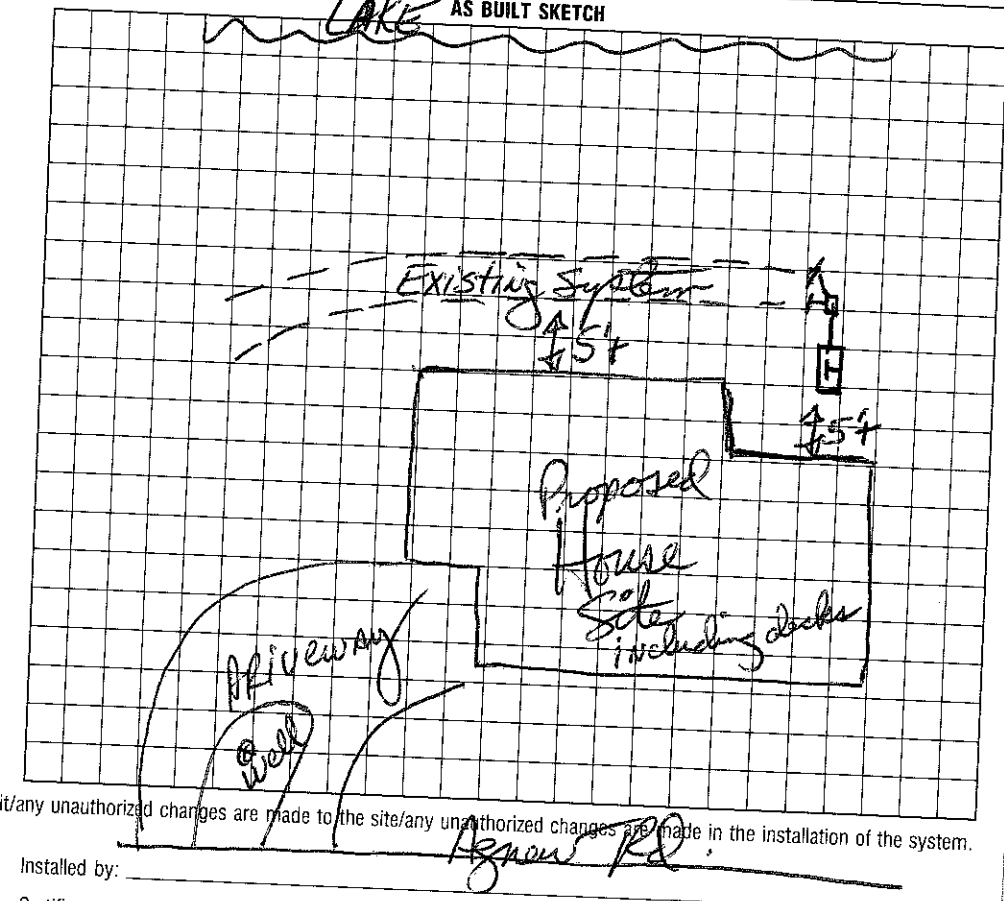
Auto. Washing Machine: ☑ Yes ☐ No

Other

Comments Existing system showing no sign of malfunction. Maintain Ort least 5' from house to septic system.

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: David R. Hinson, RS date 7/28/93

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