IREDELL COUNTY HEALTH DEPARTMENT

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

4626795918

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

PROPERTY DESCRIPTION NO. 1869-15 DATE July 6, '97 TAX MAP NO. 2L 2A 50 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Phillip Giles PHONE: Business _____ Home _____

ADDRESS 328 Shorecrest Dr. Seneca, SC. 29678

LOCATION 400 TR 178 (Blume) TL immediately on 1234 (Beechtree) TR Kings Crossing at end

SUBDIVISION Crescent TR BLOCK / SECTION B LOT 510 LOT AREA EXISTING SITE CLASS: _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields EXISTING Square Feet _____ 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: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

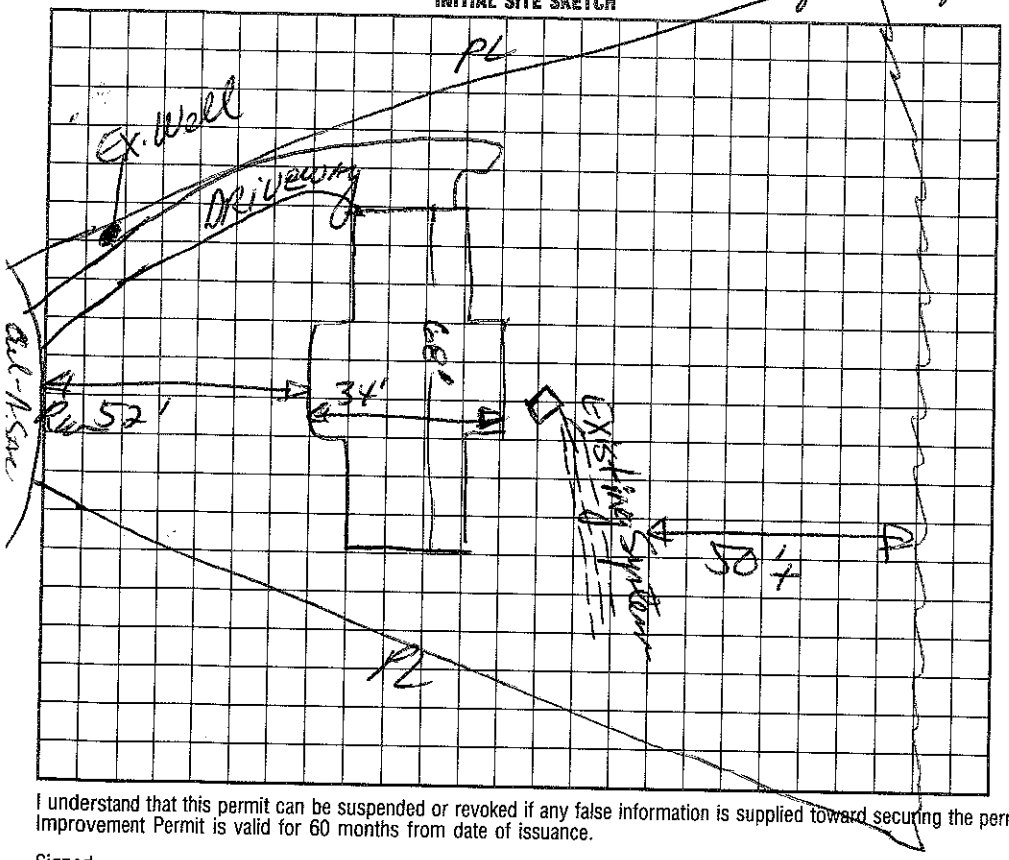
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

Comments: Existing system showing no indication of malfunction. Replacing 3 bedroom M.H. w/ 3 bedroom house. Site does not meet criteria for new system under rules. Repair of this system

Comments: will likely require obtaining of adjacent area of application to DEHNR for discharge permit. Existing approved based upon 1962 Applicability of 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: [signature] RS date 7/6/97

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