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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. 16749 DATE August 4, '93 TAX MAP NO. 2L3A 285

OWNER OR CONTRACTOR Rudolf Heer PHONE: Business _____ Home _____

ADDRESS 2714 Bucknell Ave, Charlotte, NC 28208

LOCATION 1100 TR 145 TR 1455 R 8661 TR Lakeview TL Courtney Lane Attend on point

SUBDIVISION Crescent Lake Norman BLOCK / SECTION 8 LOT 285 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, III, IV, V, VI

System Description: grav. conv. (bed)

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2 / 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

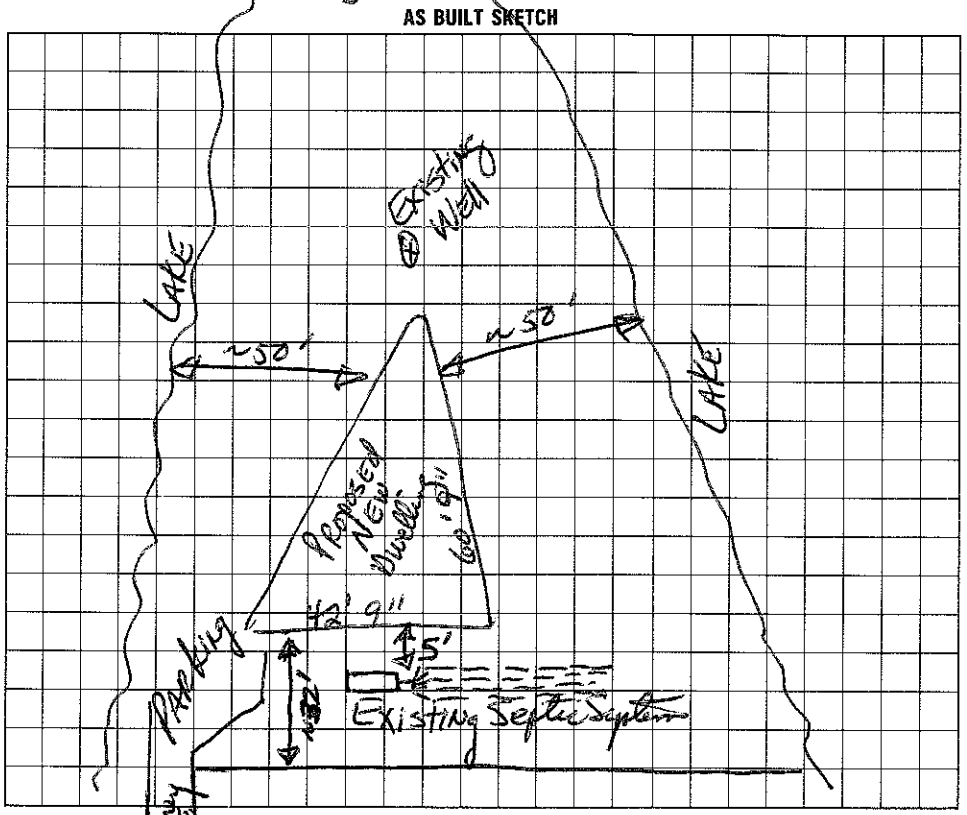
Auto. Washing Machine: ☒ Yes ☐ No

Other _____

Comments: Existing system showing no sign of malfunction at time of inspection. No increase in # of bedrooms (sewage flow). Replacing old structure w/ new home. Very limited septic repair area remaining.

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: Jack R. Hinson, RS date 8/4/93

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