4627724282

9-30-10160

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. 22742 DATE Dec 19, 95 TAX MAP NO. 2L4438 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR O.C. Martin III PHONE: Business _____ Home _____ WS4CA

ADDRESS 640 Yorkshire Rd Wyatt Jalem

LOCATION Brawley Sch Rd TR Blue to Beaten Path Bear left 2nd Beaten Path TR Honeysuckle on left

SUBDIVISION Crescent LN BLOCK / SECTION 9 LOT Existing LOT ~~AREA~~ 38 SITE CLASS. _____ DESIGN FLOW 240 gpd L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 794 Dellinger Date 2-1-96

~~Pump Tank: 1000 Gallons~~; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields EX Square Feet _____ Linear Feet 200 EX.

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Ex. 2bedrm drainfield

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

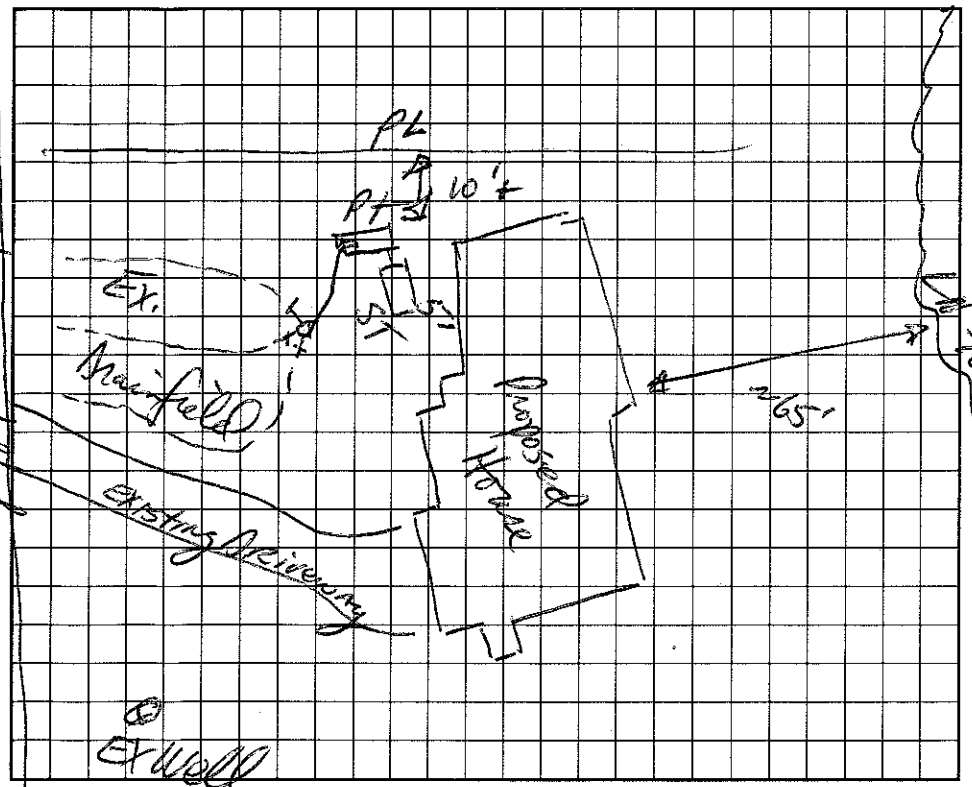
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

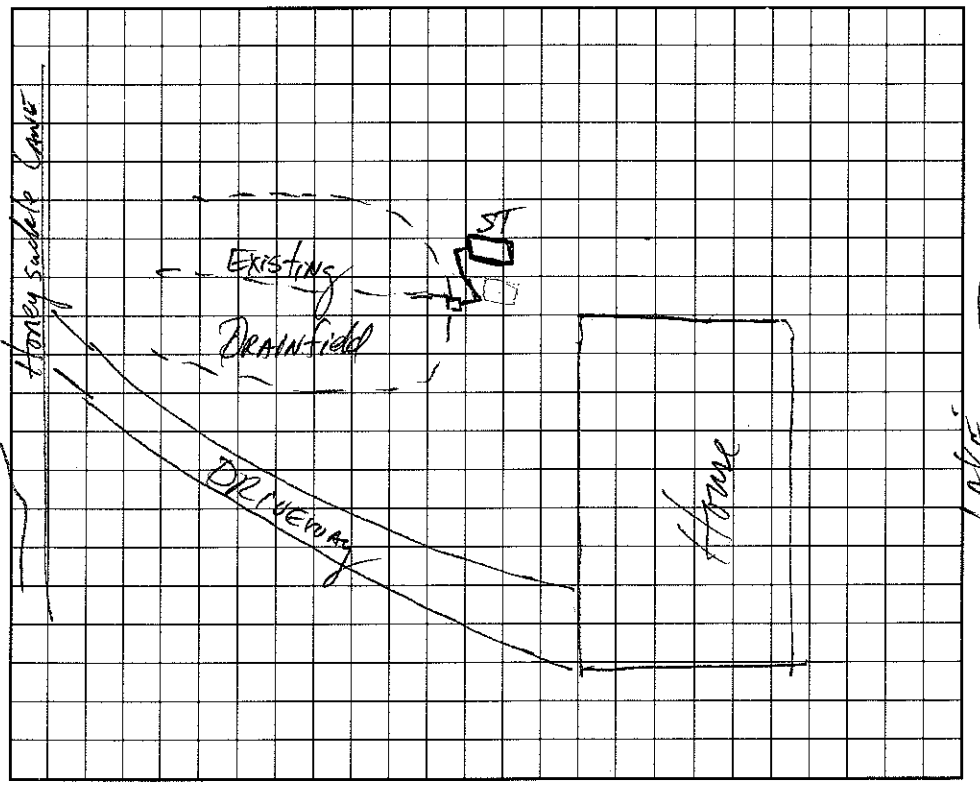
Comments: Replace old tanks with new precast tanks as shown. Backfill as necessary. Final electrical/alarm check required.

Comments: House built on crawlspace high enough to accomodate gravity flow.

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: _____ Installed by: JR Fowler

Improvement Permit by: DR Hinson RS date 12/19/95

Existing System Inspection by: DR Hinson RS date 12/19/95

Certificate of Completion by: _____ date _____

Operation Permit by: DR Hinson RS date 4-19-96

Authorization to construct

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