IREDELL COUNTY HEALTH DEPARTMENT

AUTH. TO CONST. 4627769701

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

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

PROPERTY DESCRIPTION NO. 23092 DATE 5/16/96 TAX MAP NO. 2L-6-A-130 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Irma Lonon PHONE: Business _____ Home 376-1932

ADDRESS 3239 West Field Rd - Charlotte 28208

LOCATION 150 W - TL Paradise Pcon. TL Greenbay - ON PT

SUBDIVISION C&T BLOCK / SECTION 10 LOT 130 LOT AREA — SITE CLASS. PS 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 ___ Square Feet 1 _____ 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: Gravity Conv.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

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

Water Supply: ☐ Individual ☐ Community ☐ Public

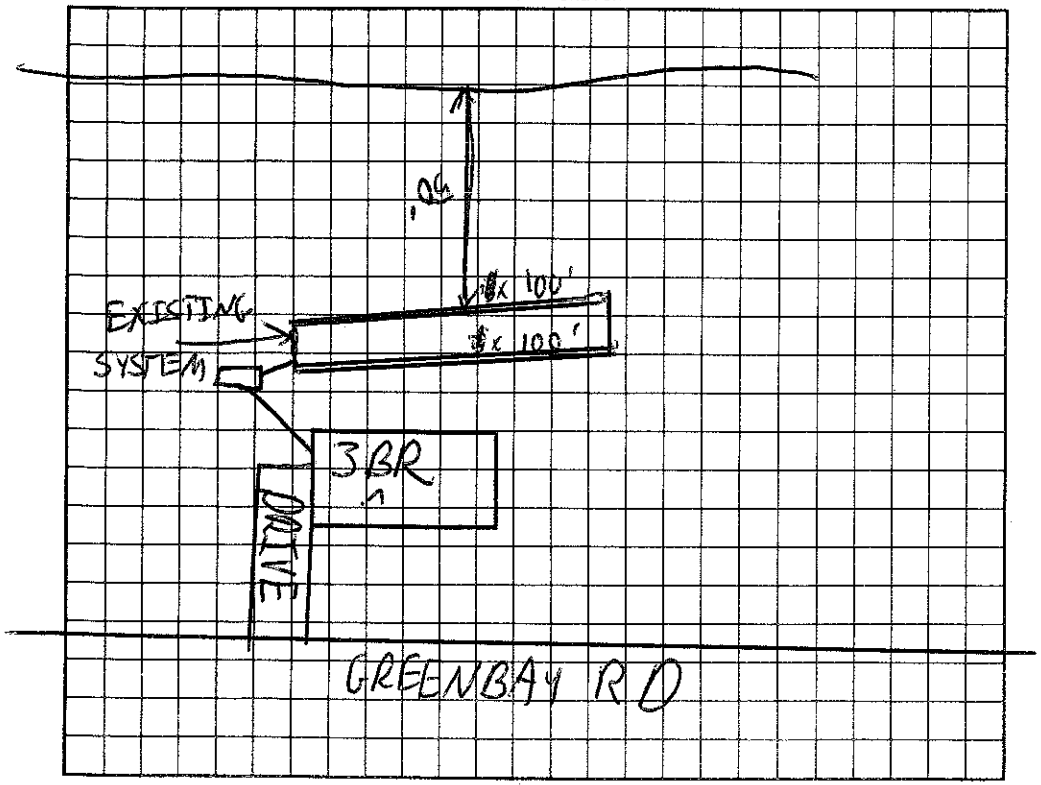
Comments:

EXISTING

WELL IS TO BE 50' FROM SEPTIC AREA

Comments:

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: Julia Lonon Matthews

Improvement Permit by: _____ date _____

Existing System Inspection by: C. [signature] EHS date 8/16/96

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: C. [signature] EHS date 8/16/96

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