Indy & Kay

21840

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. 21840 DATE 6/20/96 TAX MAP NO 3C-4-A-(326-36) Watershed: (Yes) No

OWNER OR CONTRACTOR Dr Paul Lanier and Merlene Osburn PHONE: Business _____ Home 528-6509 WS4

ADDRESS 218 Penicillin Point Statman NC

LOCATION 215 Rt on Perth / Rt on State Park, Lt on Marison Farm, Rt on Penicillin Point At End on Rt

SUBDIVISION Penicillin Point BLOCK / SECTION _____ LOT 326-36 LOT AREA 3/4 acre SITE CLASS EXISTING DESIGN FLOW EXISTING

Septic Tank: EXISTING Gallons: STB Date _____

Pump Tank: Gallons: BT Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 625 Linear Feet 250

No Lines 1 Bed Trench Width 1½ Max Trench Bottom Depth Deep Gravel Depth _____

New System Repair System Type I II III IV V VI

System Description: Existing

Repair System Description _____

Maintenance Agreement Required Yes No

Slab Crawl Space Basement w/plumbing Basement wo/plumbing

House/Mod. Home No. Bedrooms 2

Mobile Home No. Bathrooms 2

Business No. Employees _____

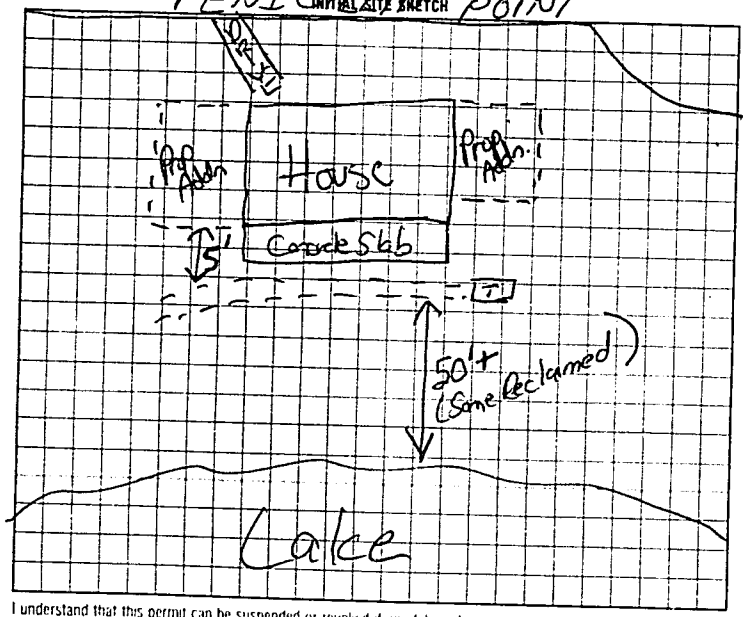
Other _____

Water Supply: Individual / Community Public

Comments:

Comments: Addn: 1 Bedroom, Garage, Family Room, Living Room, 1 Bathroom Storage Area

INITIAL SITE SKETCH



AS BUILT SKETCH

Original system sized for 3Br House is Functioning Properly at Time of Inspection. Tank Located but lines too deep to probe. Lines located by Sigman Septic Tank - 5' from Proposed Bldg Foundation.

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 _____

Improvement Permit by _____ date _____

Existing System Inspection by [signature] date 6/20/96

Installed by _____

Certificate of Completion by _____ date _____

Operation Permit by _____ date _____

RED DEPT COPY (WHITE) INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) BLUE

13700