AUTHORIZATION TO CONSTRUCT 4634594019

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. REPAIR DATE 11/6/96 TAX MAP NO. REPAIR Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR JEAN PEAKE PHONE: Business _____ Home 892-0444

ADDRESS 164 TEAKWOOD MOORESVILLE NC 28115

LOCATION LANDTREE - TR SCOOPER - TL TEAKWOOD - AT VERY END.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA _____ SITE CLASS. P2 DESIGN FLOW 360 GPD L.T.A.R. EXIST

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 345 Linear Feet 115

No Lines 4 OR 5 Trench Width 24" Max Trench Bottom Depth AS NEEDED Gravel Depth N/A

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

System Description: _____

Repair System Description: GRAVITY BULL R.V. PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

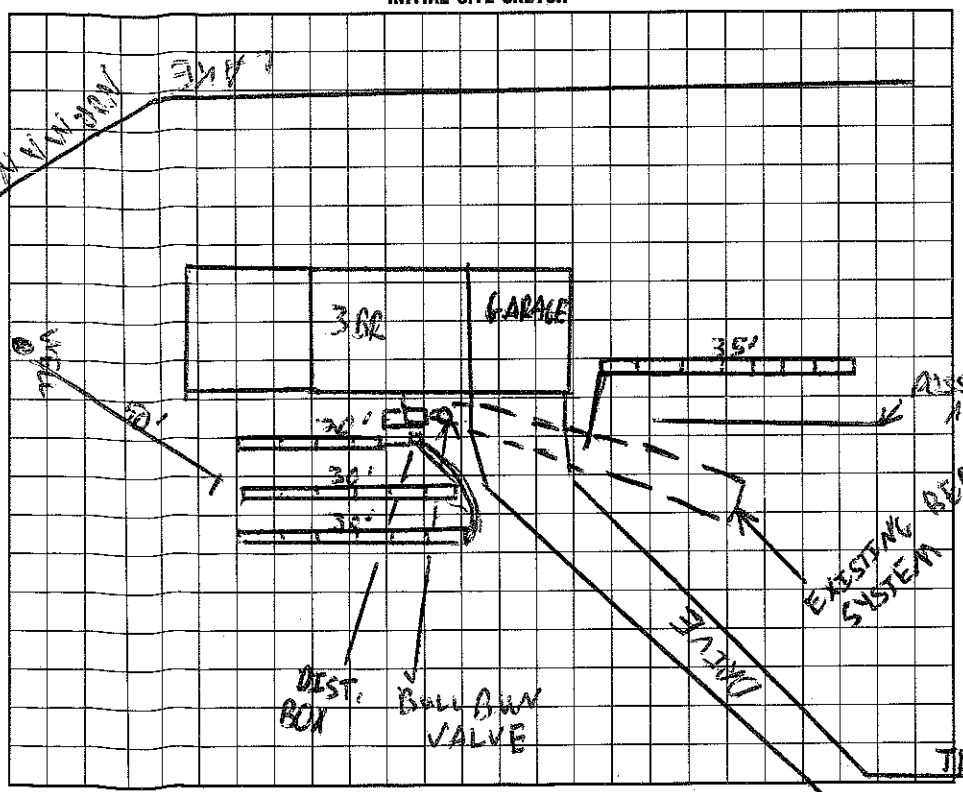
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

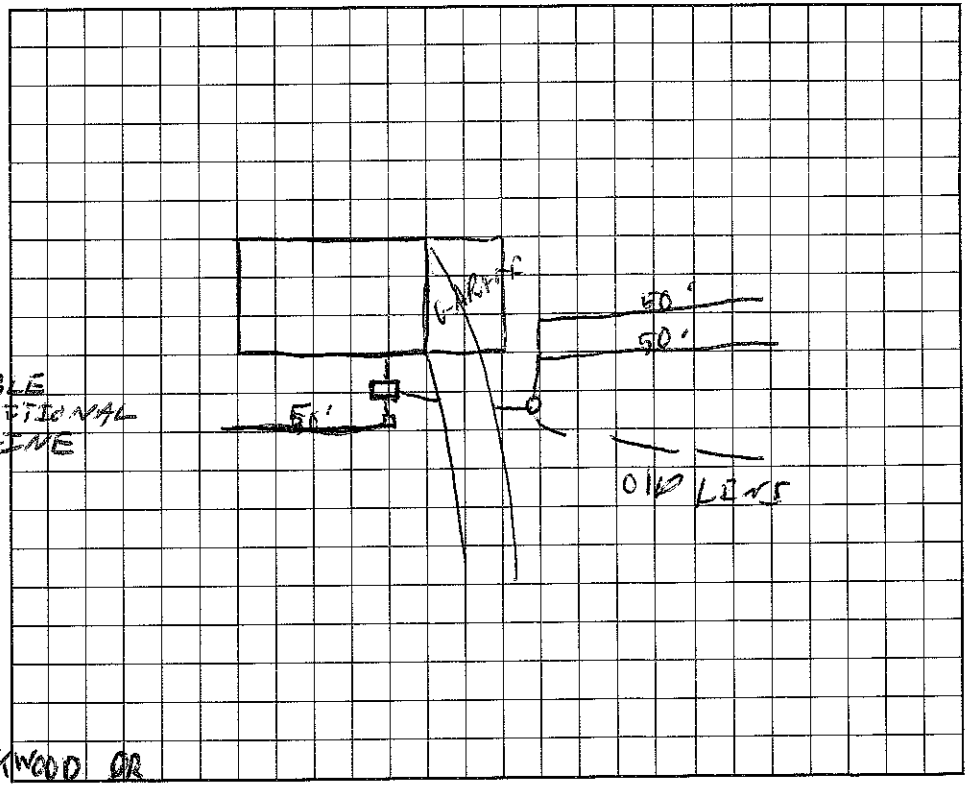
Comments:

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: Jean K Peake

Improvement Permit by: [signature] EHS date 11/6/96

Existing System Inspection by: [signature] EHS date 11/6/96

Installed by: LAVON BENTON

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] EHS date 11/21/96

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