IREDELL COUNTY HEALTH DEPARTMENT

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

4636194113

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

PROPERTY DESCRIPTION NO. 15632 DATE Jan 7, 94 TAX MAP NO. 2L 9A11 Watershed: ☑ Yes ☐ No LN

OWNER OR CONTRACTOR CW Brawner PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 400 TR Blume then left on Beechtree TR Meadow Creek Lane on Right near end

SUBDIVISION Springfield BLOCK / SECTION _____ LOT 11 LOT AREA ~100'X265' SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 358 ACP Date 11-21-93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 3+3 Trench Width 36" Max Trench Bottom Depth ~36" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: pumped recir.

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

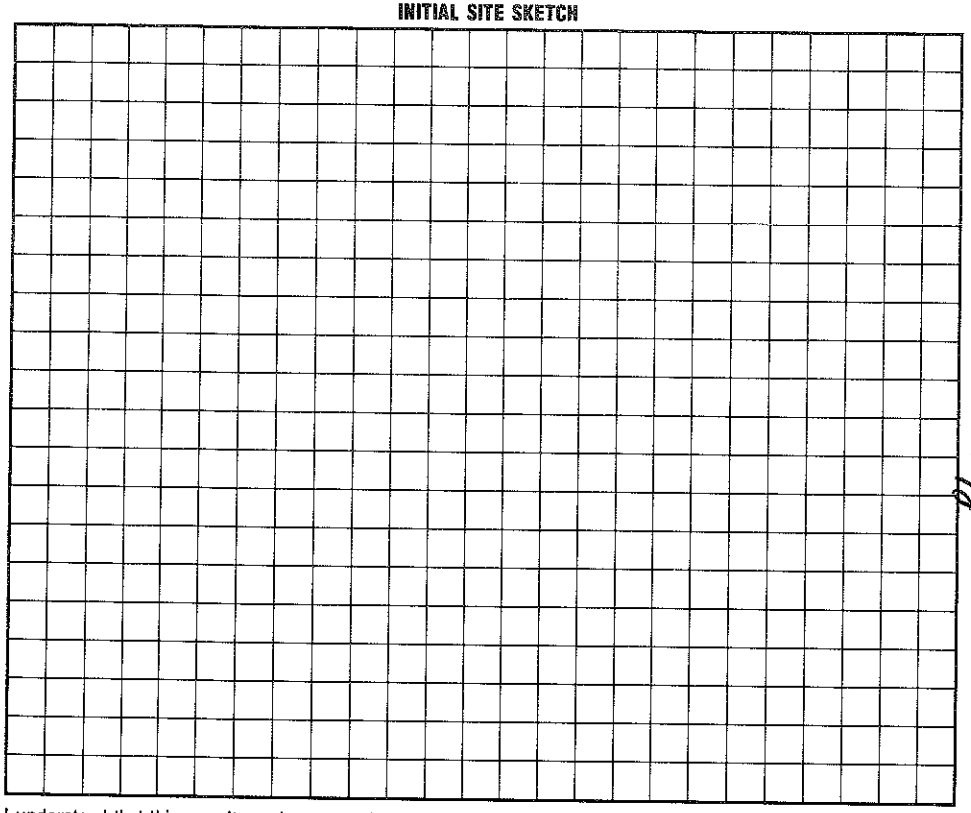
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

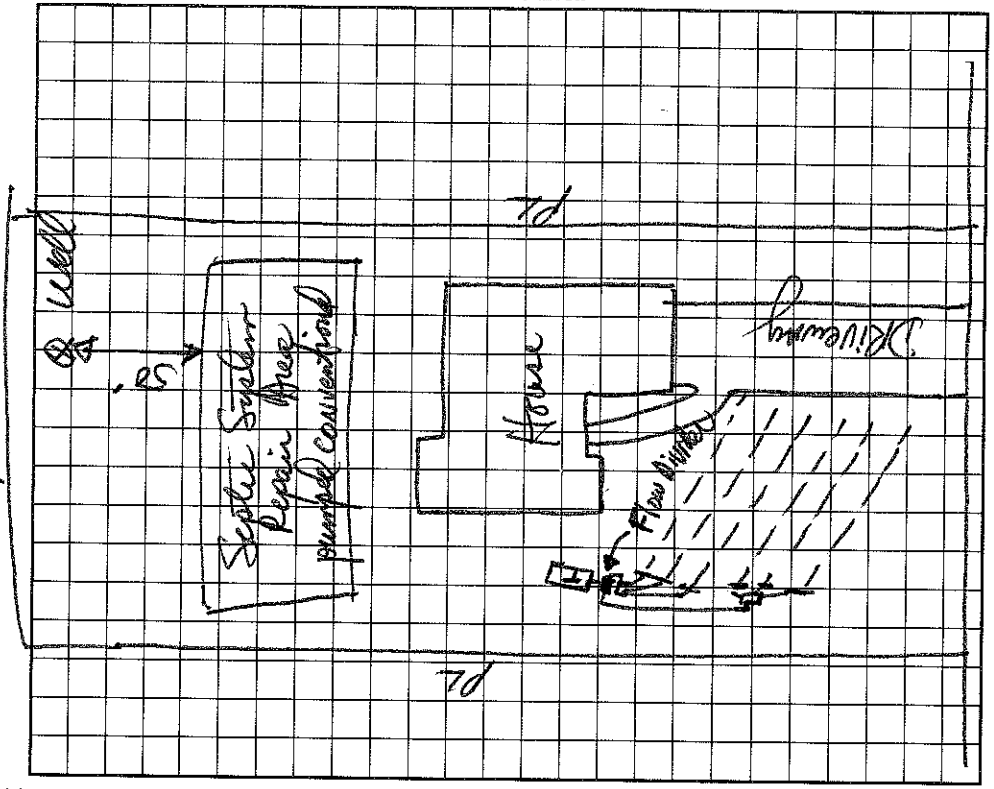
Comments:

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Richard Abernathy

Certificate of Completion by: Dana L Hinson RS date 1/7/94

Operation Permit by: _____ date _____

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