IREDELL COUNTY HEALTH DEPARTMENT

4636-46-1712

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

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

PROPERTY DESCRIPTION NO 17893 DATE Feb 28, '94 TAX MAP NO. 2K B 63 Watershed: ☑ Yes ☐ No L.N.

OWNER OR CONTRACTOR Ronnie & Lee Smith PHONE: Business _____ Home 664-6116

ADDRESS Rt 370 E Cato, N.C.

LOCATION 100 TL 112, .2/10 mile on Right

SUBDIVISION Crawley Business Park (Lyons) BLOCK / SECTION _____ LOT 2 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 375 gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Existing Square Feet _____ Linear Feet (~440')

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

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

System Description: gravity conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms _____

☐ Mobile Home No. Bathrooms _____

☑ Business No. Employees 15

☐ Other _____

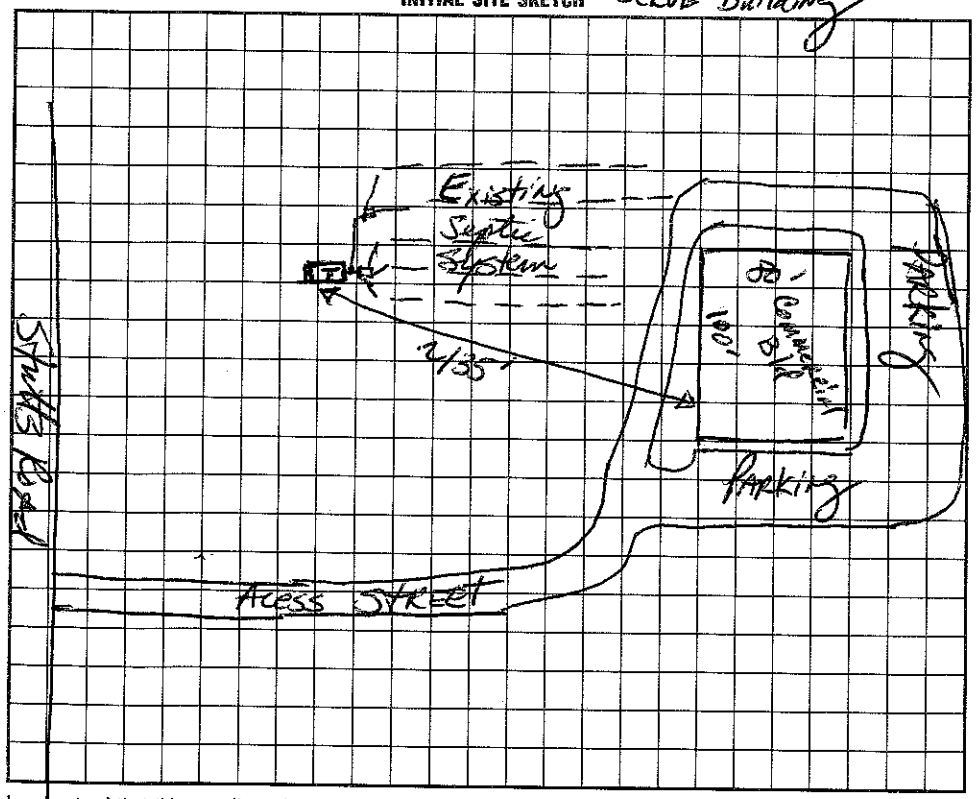
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Plumbing must exit building at a level to reach existing septic tank, or a new system or a pump will be required. No floor drains to septic system. 15 Employees max. * Well at car wash to serve building

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: James R. Hinson, RS date 2/28/94

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
LEE A. SMITH	704-6064-6116 315-626-2222	26 SPRING RUN	MOORESVILLE	N.C	28115
RONNIE L. SMITH LEE A. SMITH		RT 370 E	CATO	N.Y.	13033
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
BRAWLEY BUSINESS PARK	2		# 1112

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
PRIVATE WELL		2K-B-21 & 63

Specific Directions to Property BRAWLEY School Rd TURN Right ON STUTTS Rd DOWN ON Right 1/8 MILE

TYPE OF FACILITY: (use check (X) or number as appropriate)

House _____ Mobile Home _____ Commercial X No. Bedrooms _____ No. Baths _____

No. Persons or Employees (commercial only) 15 Basement _____ Basement with Plumbing _____

Crawl Space _____ Concrete Slab X Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

2-28-94 DATE Lee A. Smith SIGNATURE OF OWNER/AUTHORIZED AGENT