4636-70-9088

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. Existing Property DATE 11/3/97 TAX MAP NO. — Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR WJ ROBERTS PHONE: Business _____ Home _____

ADDRESS _____

LOCATION STUTTS RD- past Mariam - Lot on LEFT BEFORE SHARP CURVE

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS. CS DESIGN FLOW 240 gal L.T.A.R. 3 gal/day

Septic Tank: 1000 Gallons; STB 794 Date 3/19/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 4 or 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY CHAMBERED OR HDS

Repair System Description: NEEDED BEFORE 83

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

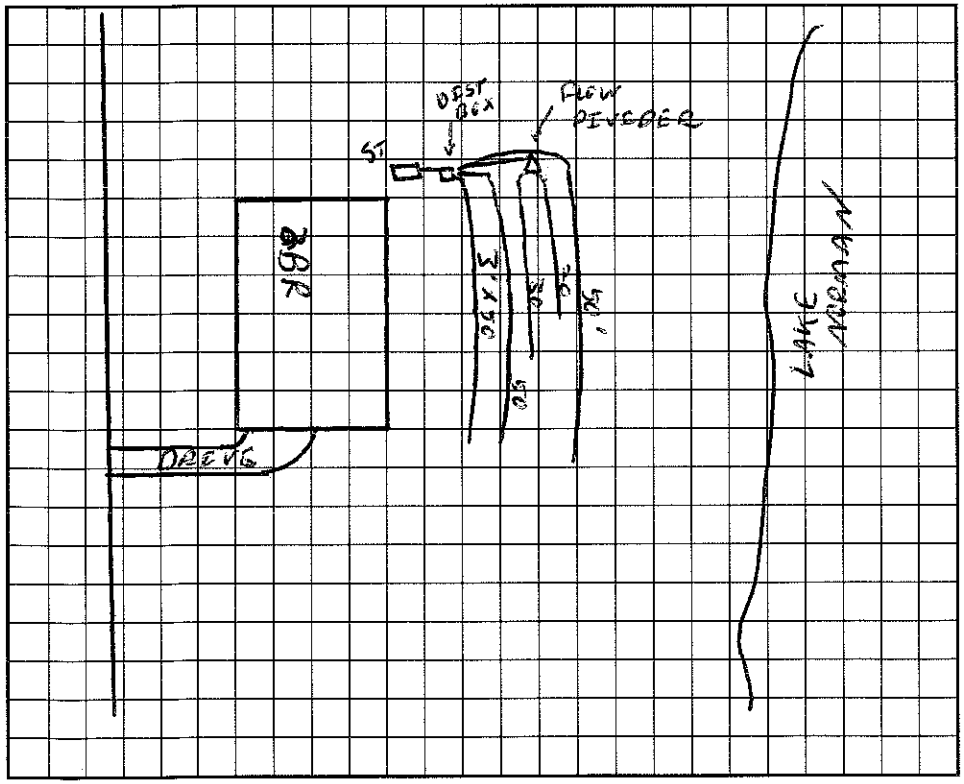
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Community
☐ Public

Comments: 4 - 50' LINES MAY BE INSTALLED

Comments:
4 @ 50 installed

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: Barry C. Thomas

Improvement Permit by: _____ date 11/3/97

Existing System Inspection by: _____ date 11/3/97

Installed by: RICHARD ABE Dunnagan

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 5/7/99

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