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. 17639 DATE Dec 30, '93 TAX MAP NO. 2K-9-A-80 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Jack Ramey PHONE: Business ~~Home~~ 4636-86-8668 L.M.

ADDRESS

LOCATION 1100 FL 1179 on right Approx 500' past Old Squaw

SUBDIVISION Mallard Head BLOCK / SECTION LOT 80 LOT AREA 125'X 160' SITE CLASS. R5 DESIGN FLOW 360 gpd L.T.A.R. .4

Septic Tank: 1000 Gallons; STB 794 Dellinger Date 1-13-94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth

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

System Description: gravity conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

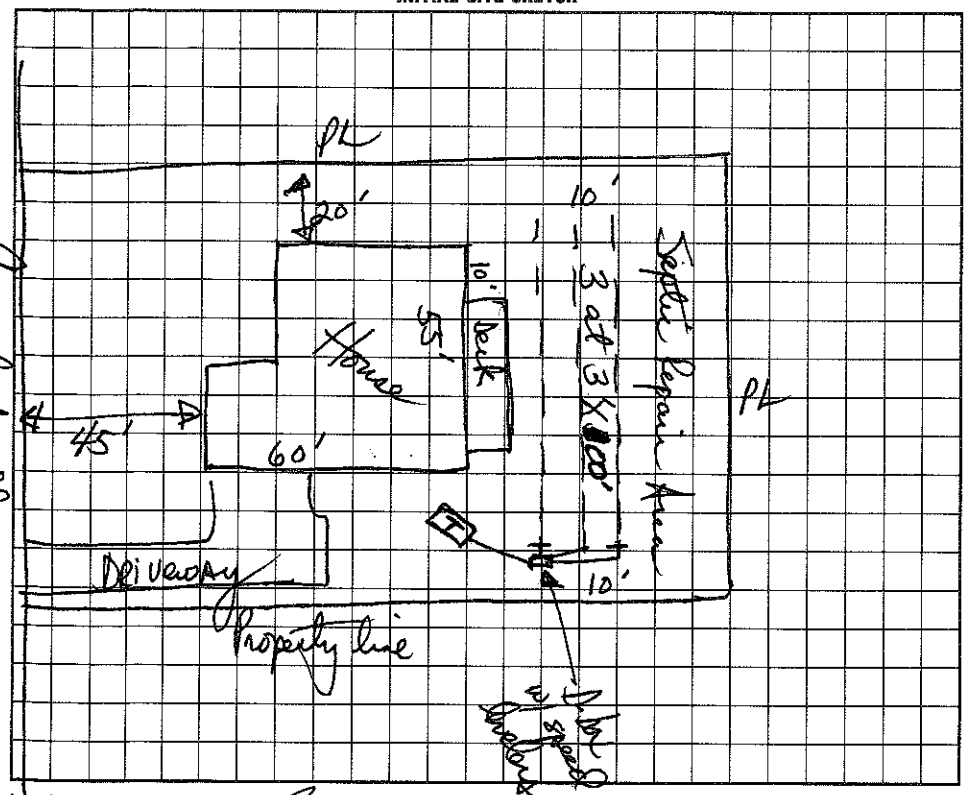
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments:

Comments: Deck not constructed as of 5/18/94

INITIAL SITE SKETCH



AS BUILT SKETCH

Substantially as shown on initial 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: David R. Hinson, RS date 12/30/93

Existing System Inspection by: date

Installed by: J Lewis

Certificate of Completion by: David R. Hinson, RS date 5/18/94

Operation Permit by: date

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