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. 15440 DATE July 29, '93 TAX MAP NO. 2K 10A30

OWNER OR CONTRACTOR Nancy Coffey ~~PHONE: Business~~ 4634-87-2758 Home

ADDRESS

LOCATION 1100 T4 1179 TR Drake DR. ~500' on left

SUBDIVISION Mallard Head BLOCK / SECTION LOT 32 LOT AREA SITE CLASS. L.T.A.R.

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1250 Gallons; STB 564 (ACP) Date 7-9-92

Pump Tank: Gallons; PT Date

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

No Lines 5 Trench Width 36" Trench Depth ~36" Gravel Depth 12"

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

System Description: gravity CONVENTIONAL

Repair System Description: LPP / LPPANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☑ Yes ☐ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

☐ Business No. Employees Auto. Washing Machine: ☑ Yes ☐ No

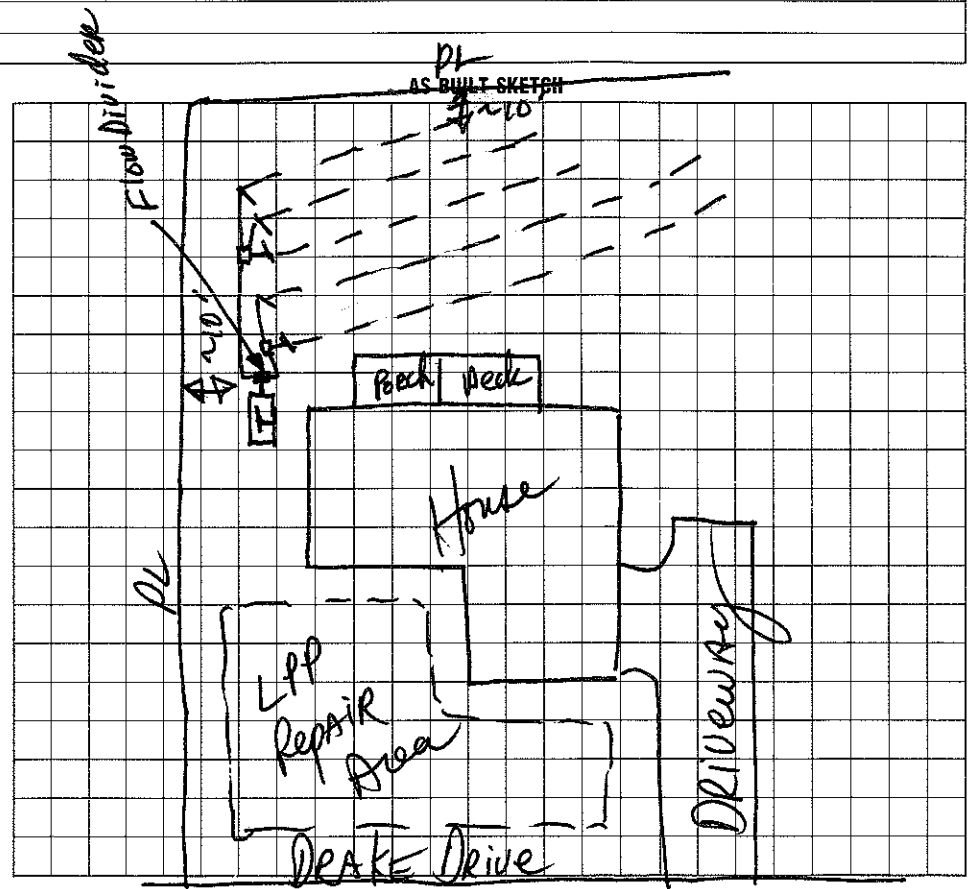
☐ Other Other

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

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: J Gerwyn

Certificate of Completion by: David R Hanson RS date 7/29/93

Operation Permit by: date

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