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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. 14807 DATE July 27, '93 TAX MAP NO. 2L-A-10

OWNER OR CONTRACTOR Janice E. Propst PHONE: Business Home (704) 428-9343

ADDRESS 109 N. 9th Ave, Maiden, N.C. 28650

LOCATION 150 W. TL McCrary TR Hidden Harbor NEAR End ON left

SUBDIVISION C. C. Wilson ESTATE BLOCK / SECTION LOT 1 LOT AREA ~33,000 ft² SITE CLASS. P3 L.T.A.R. .64

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 194 Date 4-4-96

Pump Tank: Gallons; PT Date

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

No. Lines 2 Trench Width 36" Trench Depth 24" Gravel Depth 12"

☑ 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 ~~4~~ 3 Adds Garbage Disposal: ☐ Yes ☑ No

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

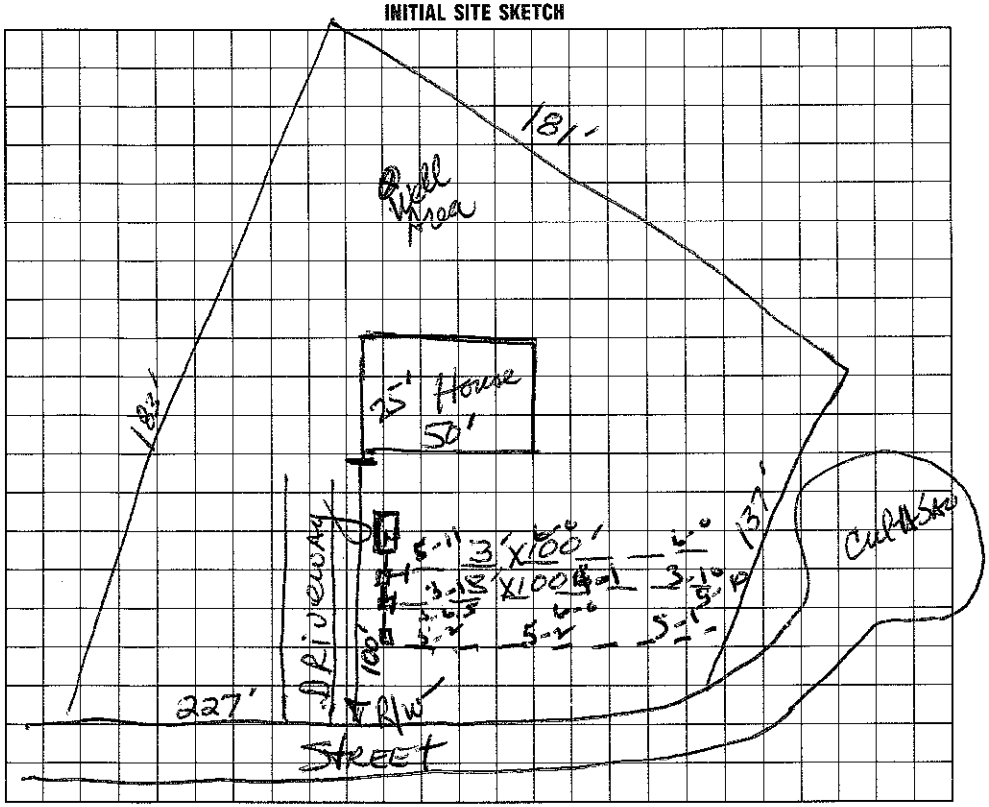
☐ Business No. Employees Auto. Washing Machine: ☑ Yes ☐ No

☐ Other Other

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

Comments Keep trenches shallow (24" trench bottom)

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: X Janice E. Propst

Improvement Permit by: Wesley Sparks, RS date 7/27/93

Existing System Inspection by: date

Installed by: Maiden Septic Tank Service

Certificate of Completion by: date

Operation Permit by: Wesley Sparks RS. date 5/8/96

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