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. 19986 DATE 1/23/95 TAX MAP NO. 2L 5A 167 4637 22 6380 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR A+B Partners PHONE: Business _____ Home 910-668-2912

ADDRESS PO Box 18096 Greensboro, NC 27419

LOCATION Patternote Rd; ~ .4 mile on (L)

SUBDIVISION CL+T BLOCK / SECTION 9 LOT 167 LOT AREA .86 AC. SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .4

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet ± 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 6" SAND.

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

System Description: PRESS - PANEL

Repair System Description: _____

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

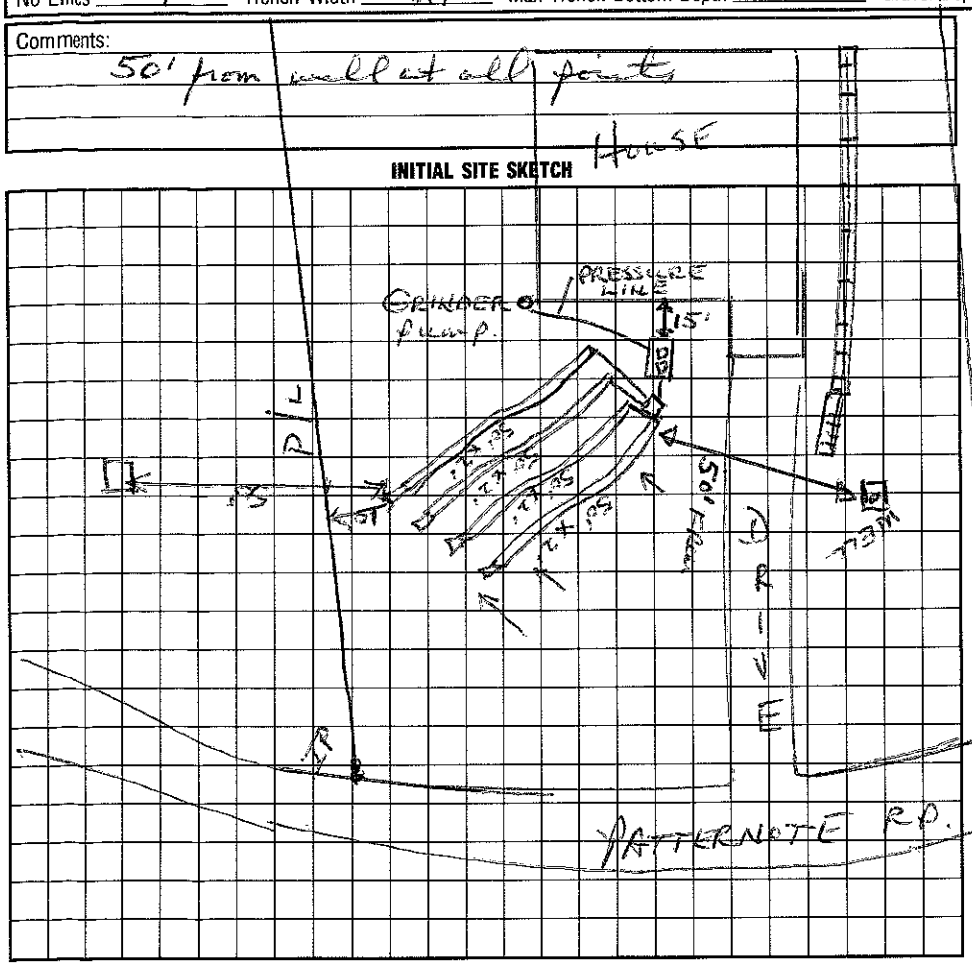
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

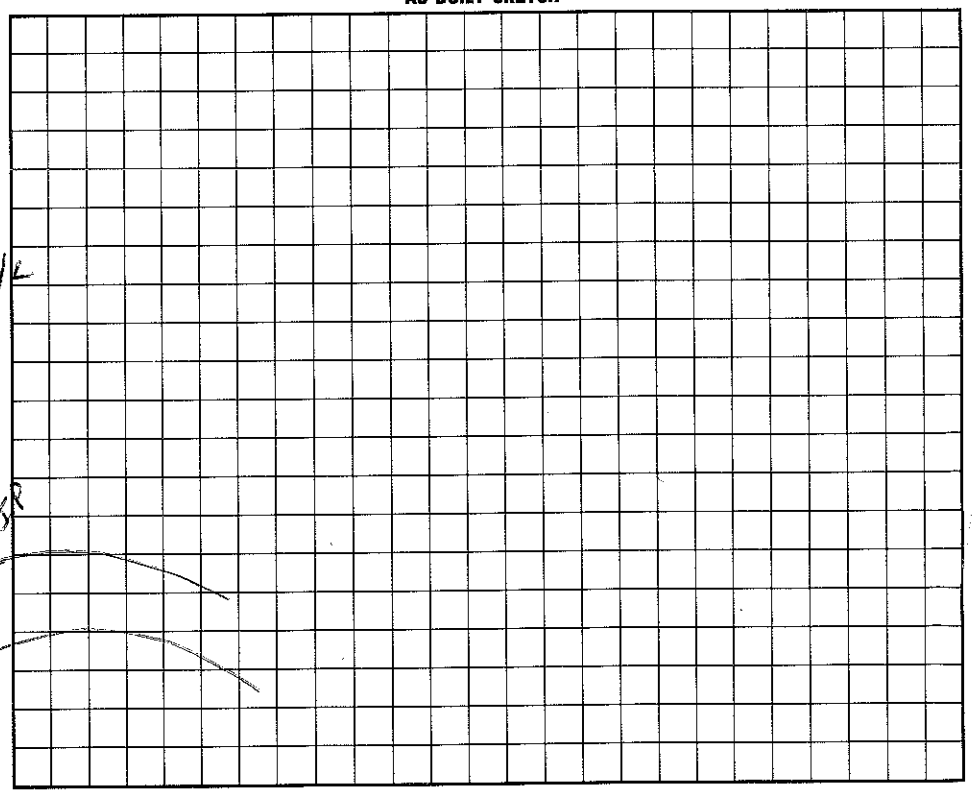
50' from well at all points

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: X Robert A Ransom

Improvement Permit by: Wesley Sparks RS. date 1/23/95

Existing System Inspection by: _____ date _____

Installed by: F J Erwin

Certificate of Completion by: Wesley Sparks RS. date 7/21/95

Operation Permit by: _____ date _____

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