4638035910

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. 06 7865 DATE 7/31/97 TAX MAP NO. 4638035910 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR JEFFREY ELDSON PHONE: Business _____ Home 910-835-7159

ADDRESS 357 IVY CIRCLE ELKIN NC 28621

LOCATION 150 W - TR ROBINSON RD - ON LEFT JUST BEFORE WELLBROOK

SUBDIVISION _____ BLOCK / SECTION ____ LOT ____ LOT AREA _____ SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: EXISTING Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: GRAVITY CONVENTIONAL

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

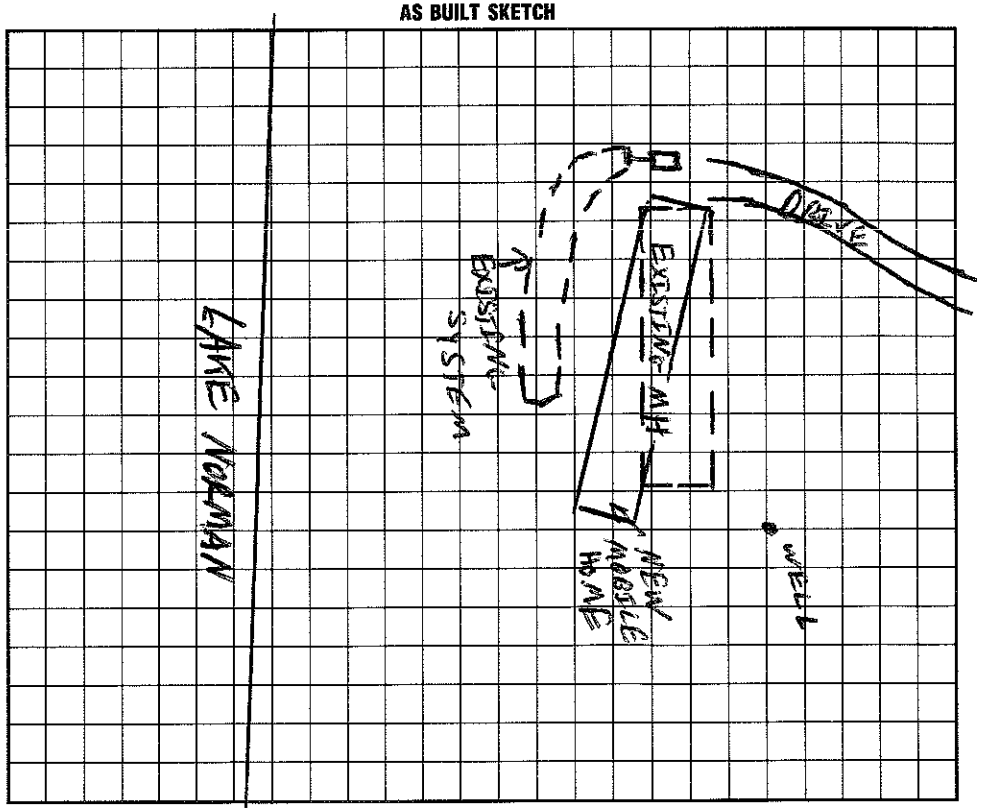
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

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: Russell Elkson

Installed by: _____

Improvement Permit by: _____ date _____

Certificate of Completion by: _____ date _____

Existing System Inspection by: _____ date 7/31/97

Operation Permit by: _____ date 7/31/97

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