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. 20113 DATE 2/8/95 TAX MAP NO. 2N-1A-185 4638 14 0420 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Michael Barrier PHONE: Business _____ Home 664-7389

ADDRESS 391 Robinson Rd.

LOCATION Robinson Rd TR off 150 W, go ~1.2 mile drive on (L)

SUBDIVISION C L + T BLOCK / SECTION 11 LOT 185 LOT AREA ~.7AC SITE CLASS. P. DESIGN FLOW 360. L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 625 Linear Feet 275

No Lines 3 Trench Width 1.5' Max Trench Bottom Depth N/A Gravel Depth _____

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

System Description: Existg System Gravity

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

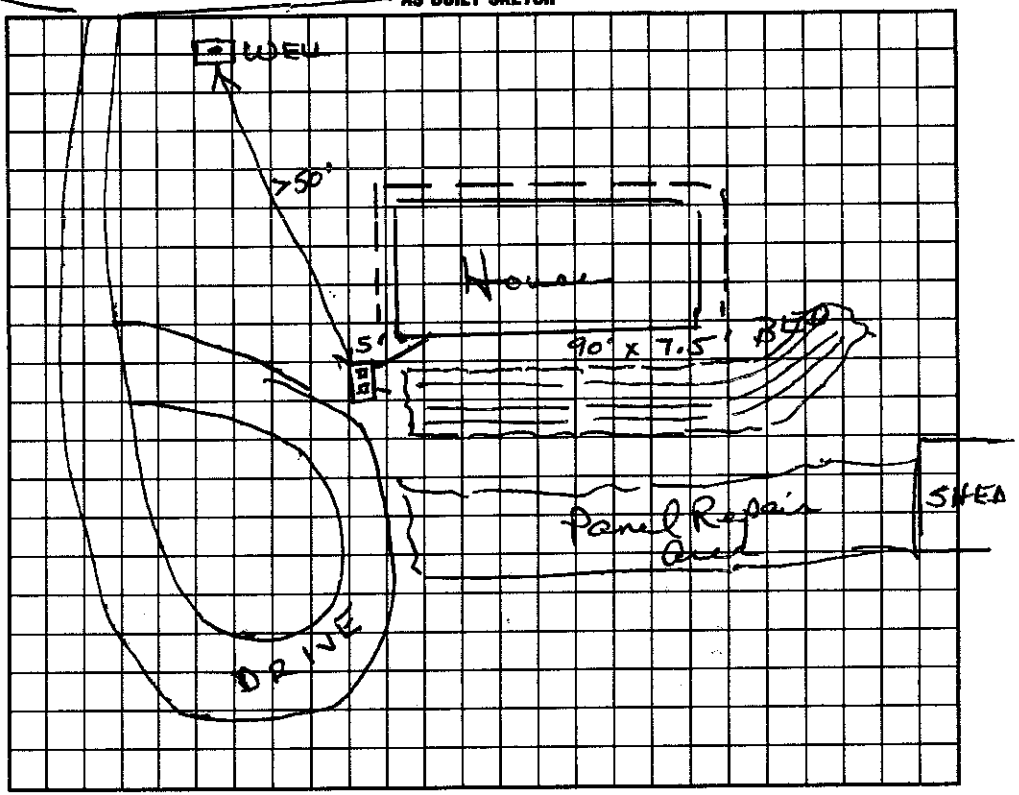
Comments:

Comments:
MH over basement

ROBISON RD.

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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Wesley Sparks R.S. date 2/8/95 Operation Permit by: _____ date _____

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