4638 31 1239

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. 17133 DATE 11/19/93 TAX MAP NO. 2P - A - 4 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR ROGER D HORNSBY PHONE: Business _____ Home 464 - 7559

ADDRESS PO BOX 846 DAVIDSON, NC

LOCATION ROBINSON RD, TR OFF 150 W, TR FIRST GRAVEL (L) FIRST MAILBOX ON (L)

SUBDIVISION CAMBLE BLOCK / SECTION _____ LOT 4B LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: EXISTING SYSTEM Model _____ Serial No. _____

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

No Lines _____ Trench Width _____ Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: CONV - BED

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

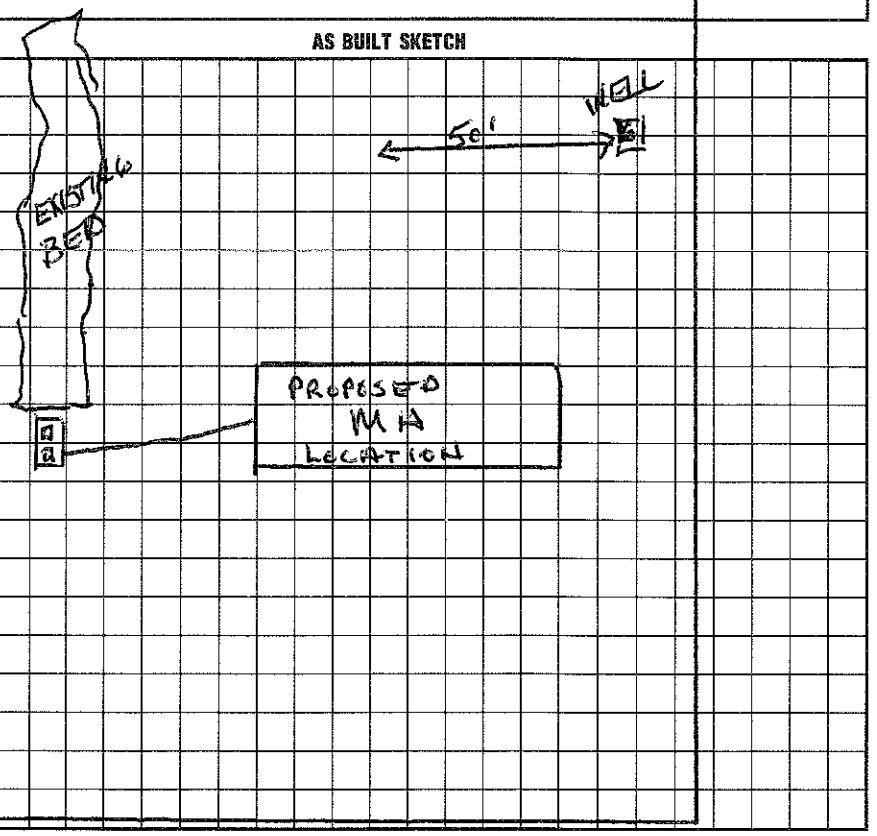
Comments:

Comments:

P/L

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.

GRAVEL ROAD

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Wesley Sparks RS date 11/19/93

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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