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. 16101 DATE 11/9/93 TAX MAP NO. 2P 4A 179 4638 44 4024 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR MICHAEL HONER PHONE: Business _____ Home _____

ADDRESS NORMANDY RD. STATESVILLE, NC.

LOCATION NORMANDY RD.

SUBDIVISION LAKE NORMAN AIRPARK / SECTION _____ LOT 27 LOT AREA ~1 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. (.2-.25)

Septic Tank: 1000 Gallons; STB 1012 Date 8-1-91

Pump Tank: 1000 Gallons; PT 103 Date 8-13-92

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 480 ✗ Linear Feet 280 ✗

No Lines 4 Trench Width 24"-26" Max Trench Bottom Depth 28" ~~Min.~~ Depth 6"

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

System Description: 16" PPB

Repair System Description: " "

Maintenance Agreement Required: ☑ Yes ☐ No 5 YRS.

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

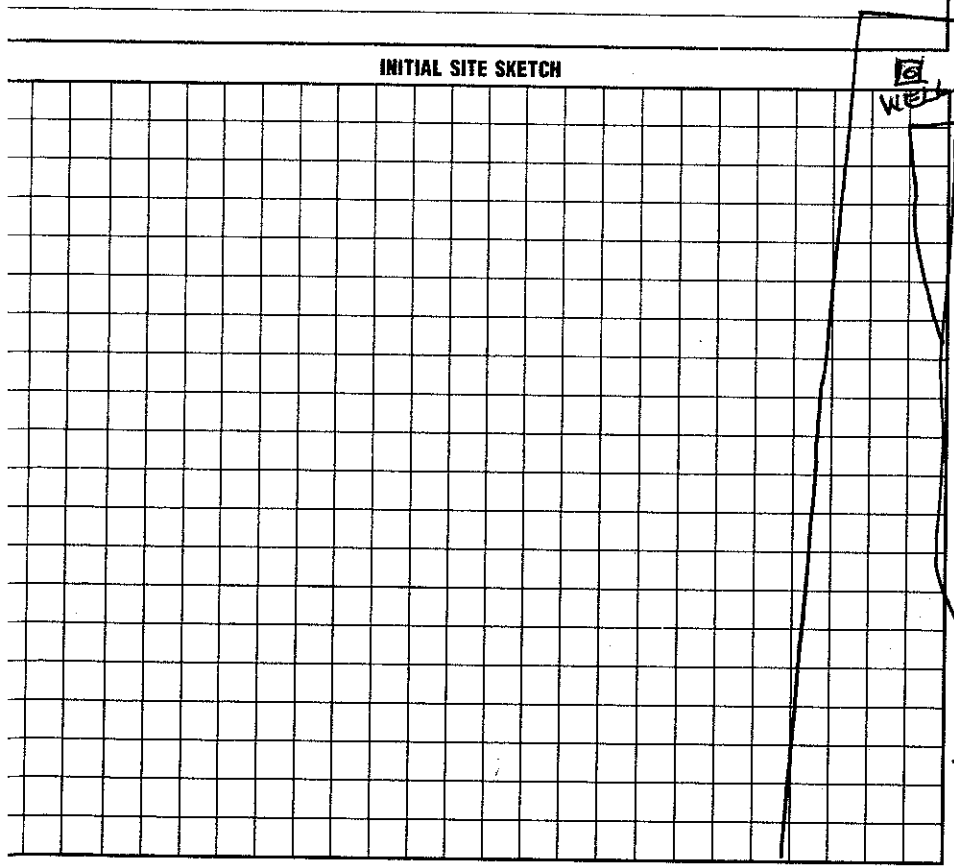
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

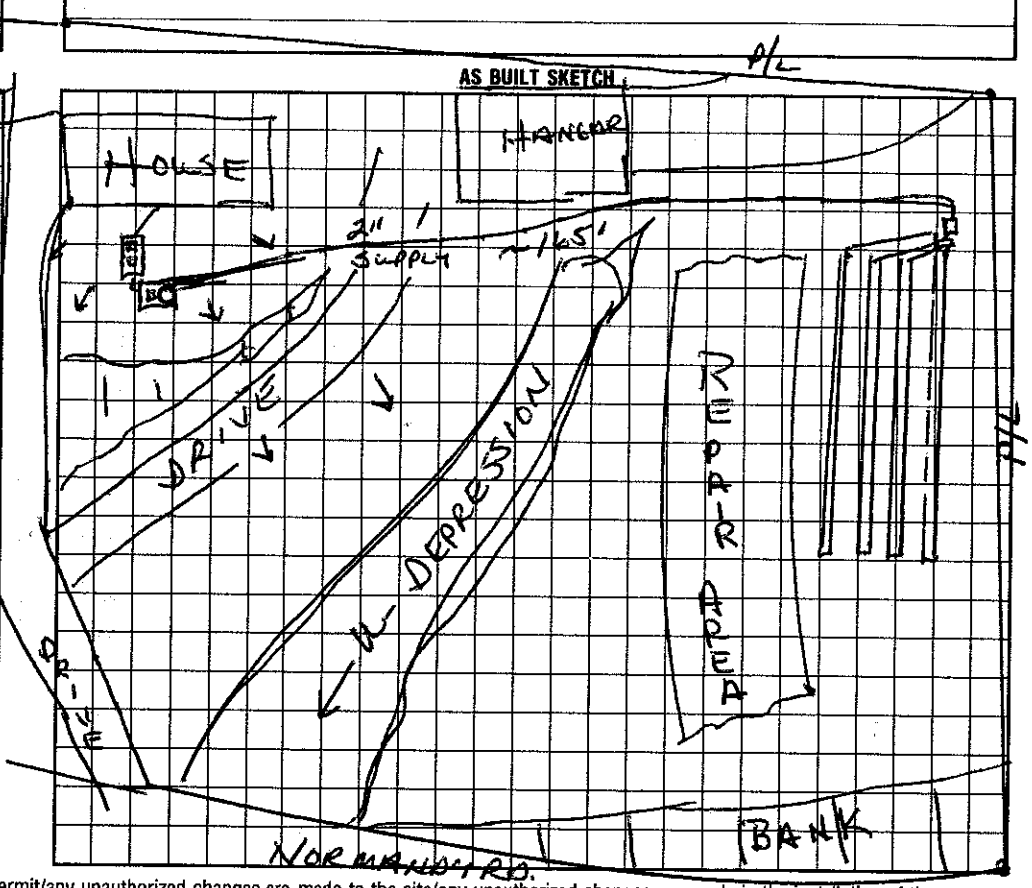
Comments: ✗ 16" PREFAB. PERMEABLE PANELS

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Tommy FRYE

Certificate of Completion by: Wesley Sparks RS. date 11/9/93

Operation Permit by: _____ date _____

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