4638972266

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. 17622 DATE 12/28/93 TAX MAP NO. 2S 3A 13 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR K C Wooten PHONE: Business _____ Home 873-0593

ADDRESS PO Box 1777 Statesville, NC. 28115

LOCATION Sagemore Rd., 150 TR Path, TR Sagemore, next to last lot on (R)

SUBDIVISION C L + T BLOCK / SECTION 14 LOT 13 LOT AREA 1.7 AC SITE CLASS. _____ DESIGN FLOW 480 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date EXISTING

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 562.5 Linear Feet 225-240

No Lines 3 Trench Width 1.5' Max Trench Bottom Depth _____ Gravel Depth 12"

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

System Description: EXISTING

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☒ Other Addition 2

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

Water Supply:
☒ Individual
☐ Community
☐ Public

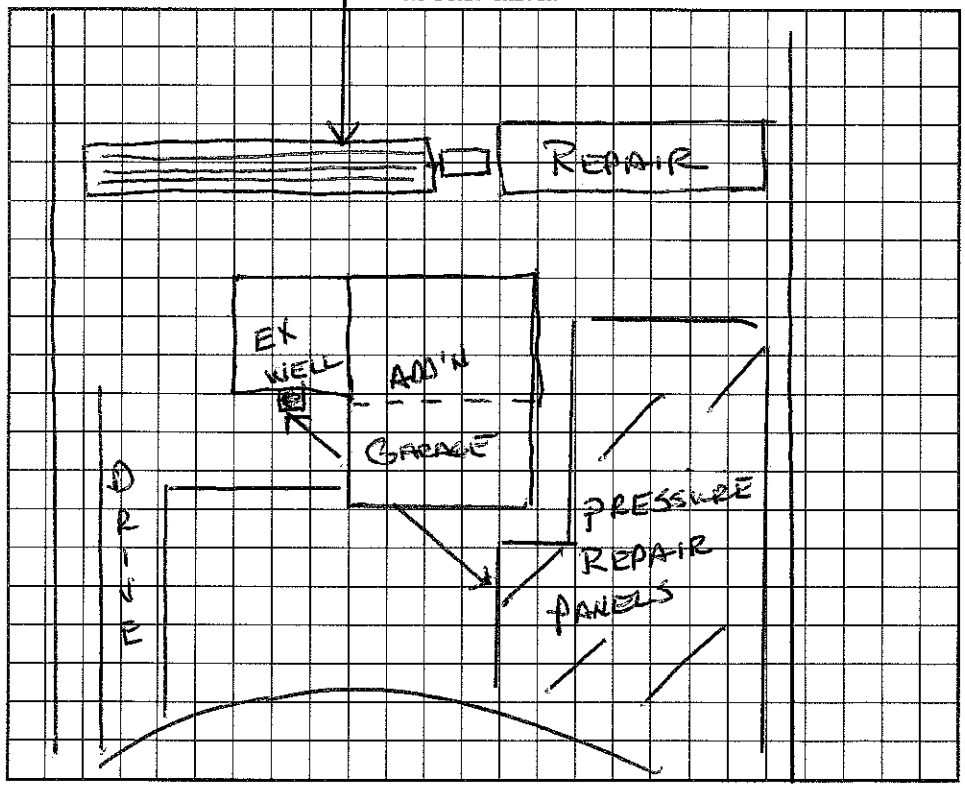
Comments:

Comments:

LAKE

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: Wesley Sparks RS. date 12/28/93

Installed by: Wayne Dickerson

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