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. 066678 DATE 6/30/97 TAX MAP NO. 4639102 1880 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR RON IVESTER PHONE: Business Home 910-661-5638

ADDRESS 6646 SPRINGFIELD DR. CLEMMONS NC 27012

LOCATION PERTH N - TL FERN HILL - TR PERRYWINKLE - TR QUAIL RUN - AT END

SUBDIVISION CLAT BLOCK / SECTION 15 LOT 145 LOT AREA .78 AC SITE CLASS. 05 DESIGN FLOW 360GPD L.T.A.R. ~.3

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 154 Linear Feet 67

No Lines 1 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY PANEL

Repair System Description: - SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

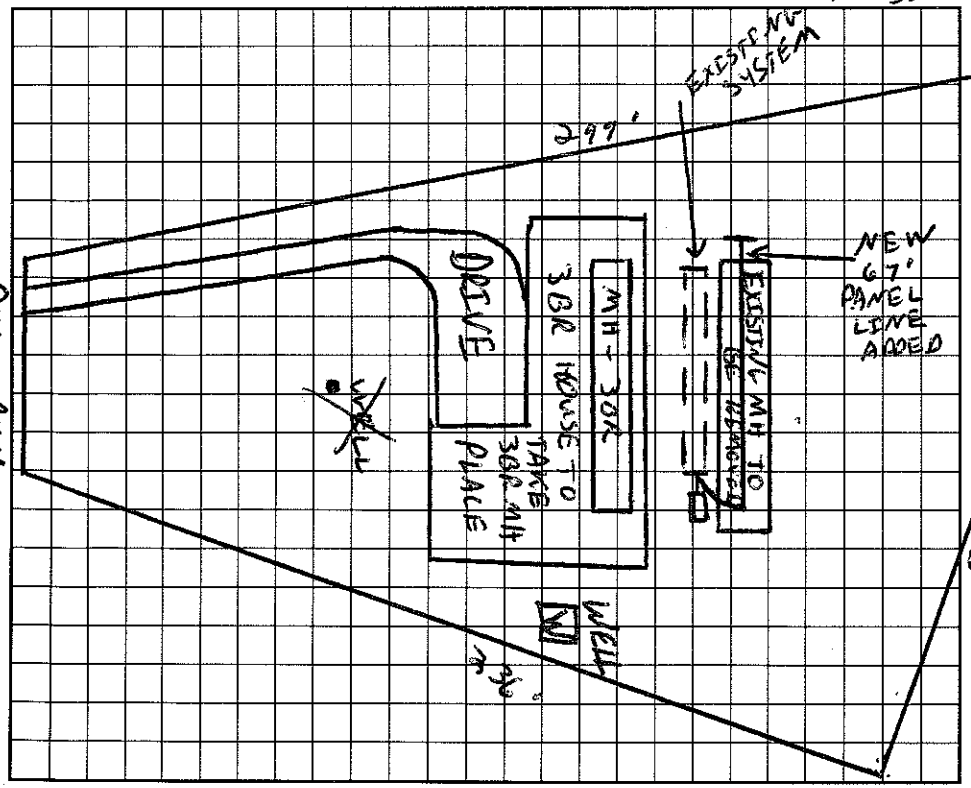
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

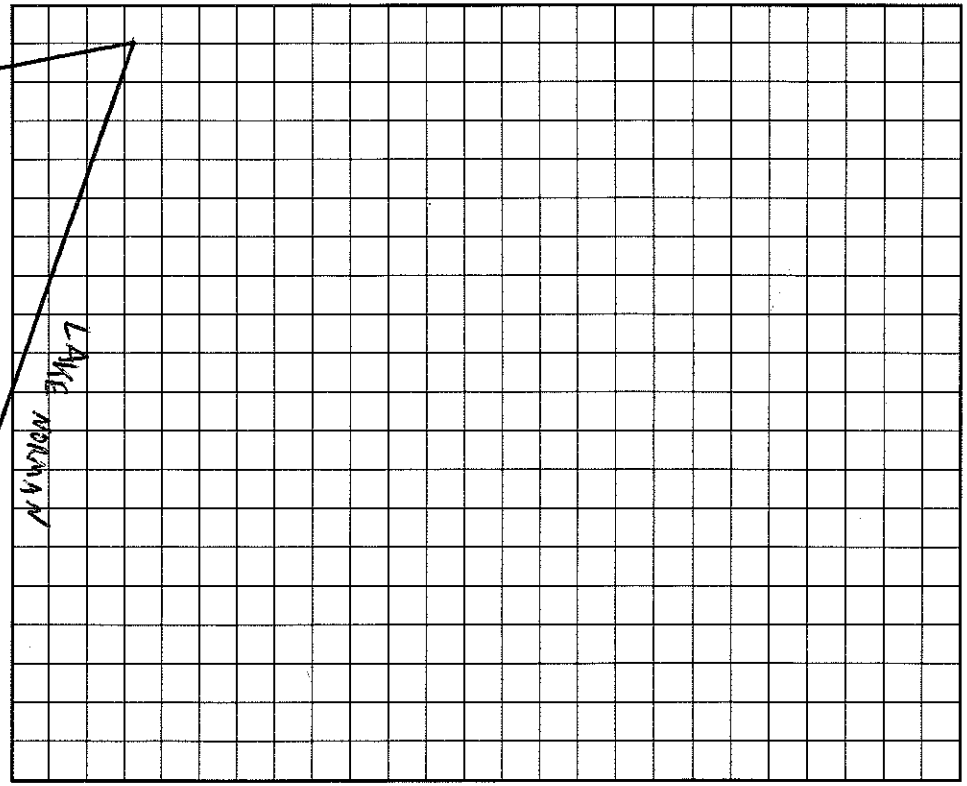
Comments: MOBILES HOMES ARE TO BE REMOVED BEFORE HOUSE CAN BE OCCUPIED.

Comments: M/H & HOUSE

INITIAL SITE SKETCH 1"=50'



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: Ron Ivester

Improvement Permit by: date 6/30/97

Existing System Inspection by: date 6/30/97

Installed by: DONALD LACKEY

Certificate of Completion by: date

Operation Permit by: date 1/14/97

TO CONSTRUCTION AUTHORIZATION

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