L COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-3

VEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM IN CTION

SCRIPTION NO. 066678 DATE 6/30/97 TAX MAP NO. 4639102 1780 Watershed

NTRACTOR RON IVESTER PHONE: Business Home 910-661-5638 ☑ No

2646 SPRINGFIELD DR. CLEMMONS NC 27012

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

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

EXISTENT Gallons; STB Date

Gallons; PT Date

Model Serial No.

eld: No Fields 1 Square Feet 154 Linear Feet 67

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

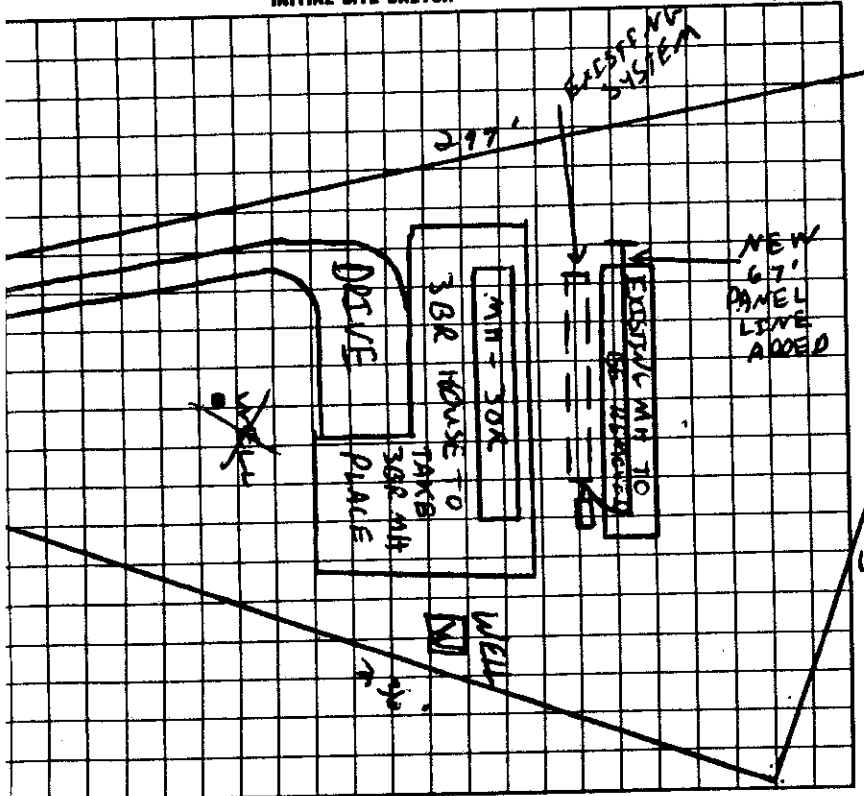
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water ☑ Individual ☐ Community ☐ Public

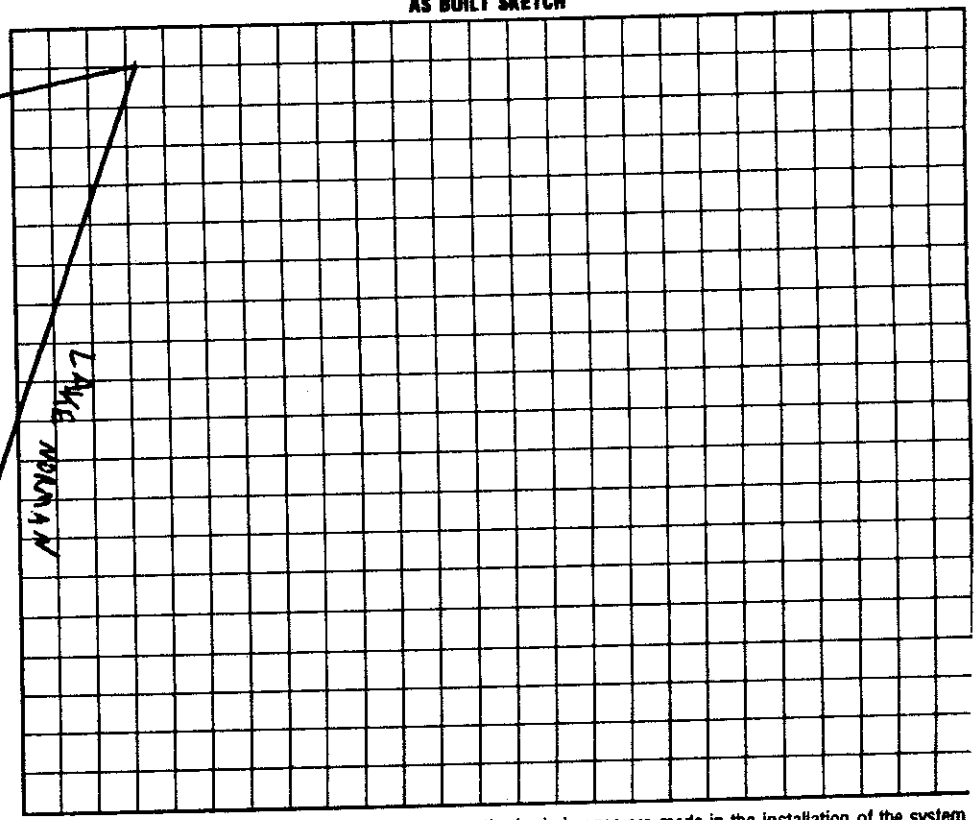
MOBILES HOMES ARE TO BE REMOVED
E HOUSE CAN BE OCCUPIED.

Comments: MH HOUSE

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH



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.
Permit is valid for 60 months from date of issuance.

Ron Ivester

C. Ruby Zeno date 6/30/97

C. Ruby Zeno date 6/30/97

Installed by: DONALD LACKEY

Certificate of Completion by: date

Operation Permit by: C. Ruby Zeno date 1/14/98

INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD