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. 15216 DATE 7/14/93 TAX MAP NO. 3F 1A 136

OWNER OR CONTRACTOR EDDIE D ALLEN PHONE: Business _____ Home 4639-49-7301

ADDRESS NEIL FARM RD.

LOCATION .9MI. ON (R) FRM PERTH RD. - BELOW ROAD - LOG HOUSE

SUBDIVISION CL+T BLOCK / SECTION 16 LOT 136 LOT AREA ~20,000 FT² SITE CLASS. _____ L.T.A.R. .35 - .4

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 350 Date 1/9/93

Pump Tank: 1000 Gallons; SPT FH03 Date 5/4/93

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 216

No Lines 3 Trench Width 24" Trench Depth 24" Gravel Depth 12" SAND

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

System Description: PRESS-PANEL

Repair System Description: PRESS.-PANEL

Maintenance Agreement Required: ☑ Yes ☐ No 5YR.

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

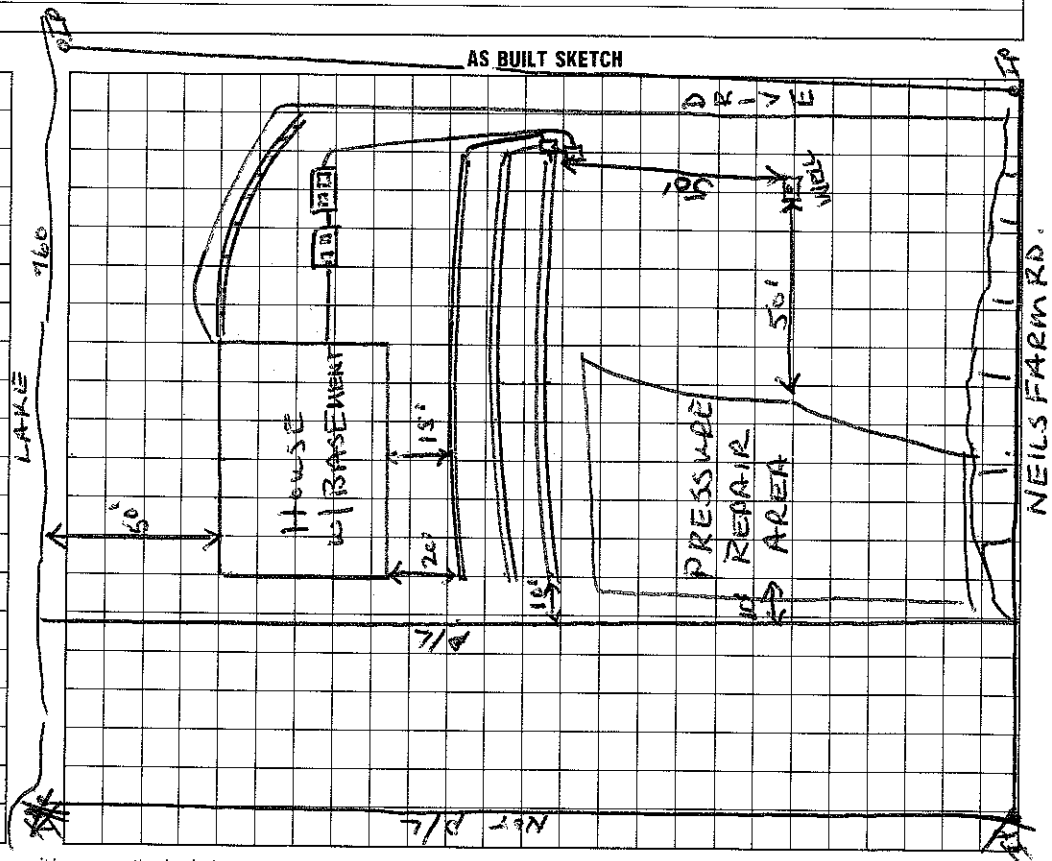
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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: JAMES HUDDLER

Certificate of Completion by: Wesley Sparks RS. date 12/6/93

Operation Permit by: _____ date _____

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