4639792233

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. 17541 DATE 12/7/93 TAX MAP NO. 3E A 43 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR JIM EDWARDS PHONE: Business _____ Home 528-5505

ADDRESS NEIL FARM RD. TRUITTMAN, NC.

LOCATION NEIL FARM RD. ~ 1/4 MILE ON ®

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA ~ 2.218 SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 102 Date 11/29/93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONV - DIST. BOX

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

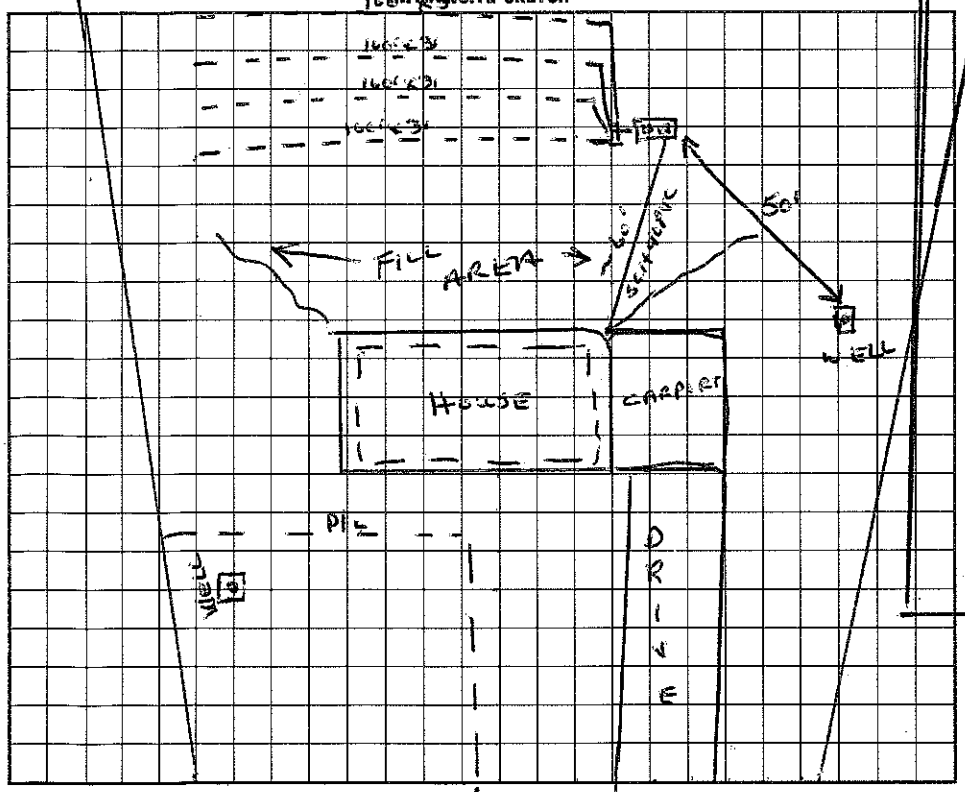
☐ Other _____

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

Water Supply: ☒ Individual ☐ Community ☐ Public

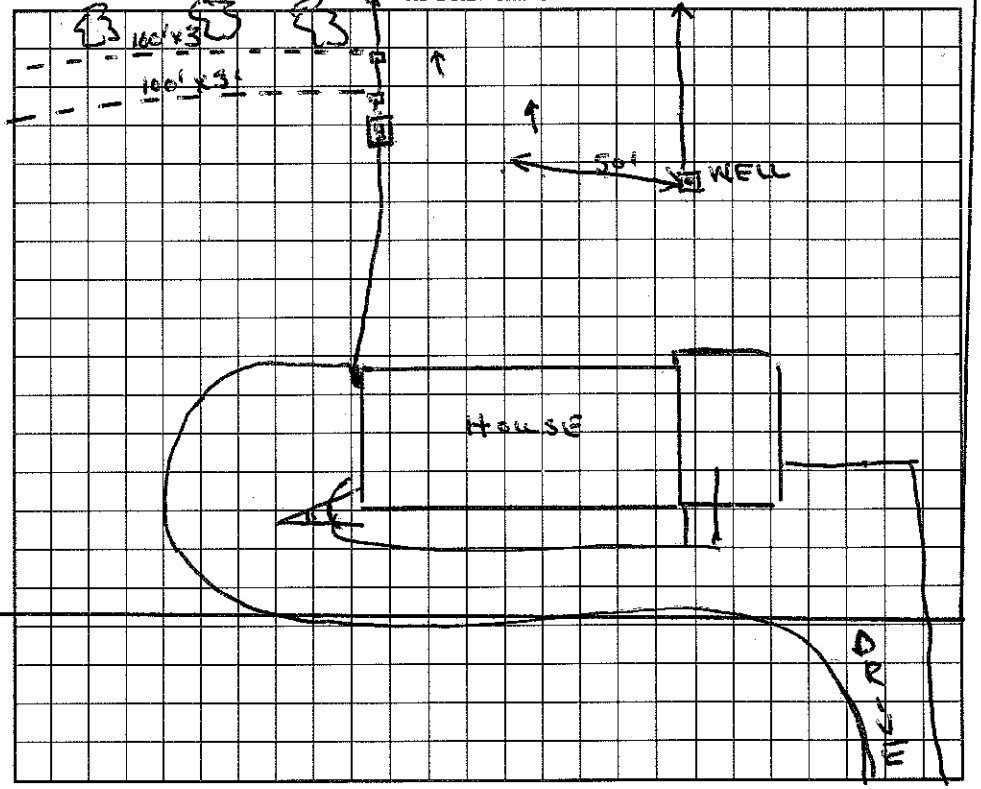
Comments: FUTURE REPAIR AREA

INITIAL SITE SKETCH



Comments: PRESSURE REPAIR

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: X Neil McCarn NEIL FARM RD.

Improvement Permit by: Wesley Sparks R.S. date 12/7/93

Existing System Inspection by: _____ date _____

Installed by: James Hudson

Certificate of Completion by: Wesley Sparks R.S. date 4/5/94

Operation Permit by: _____ date _____

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