4639886252

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. 19989 DATE Jan 20, 95 TAX MAP NO. 3FA12B Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Martin D. Page PHONE: Business _____ Home 528-6223 LN WSIV

ADDRESS 570 Fern Hill Road

LOCATION 1303 N. to 1300 (Fern Hill Rd.) Approx ½ mile on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~2 Ac SITE CLASS. IS DESIGN FLOW 338 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Tp Date 12-20-94

~~Pump~~ GREASE Tank: 1000 Gallons; PT 1012 Tp Date 12-20-94

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1352 Linear Feet 450+

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: pumped conventional

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms ____ No. Bathrooms ____ No. Employees 2

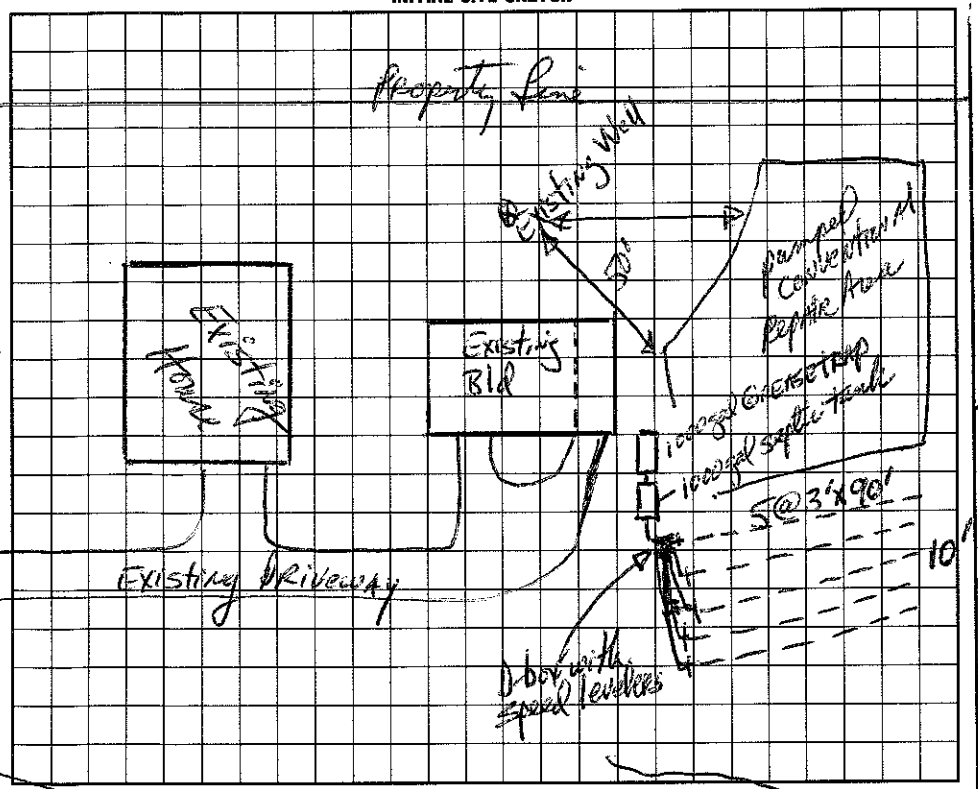
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual EX. ☐ Community ☐ Public

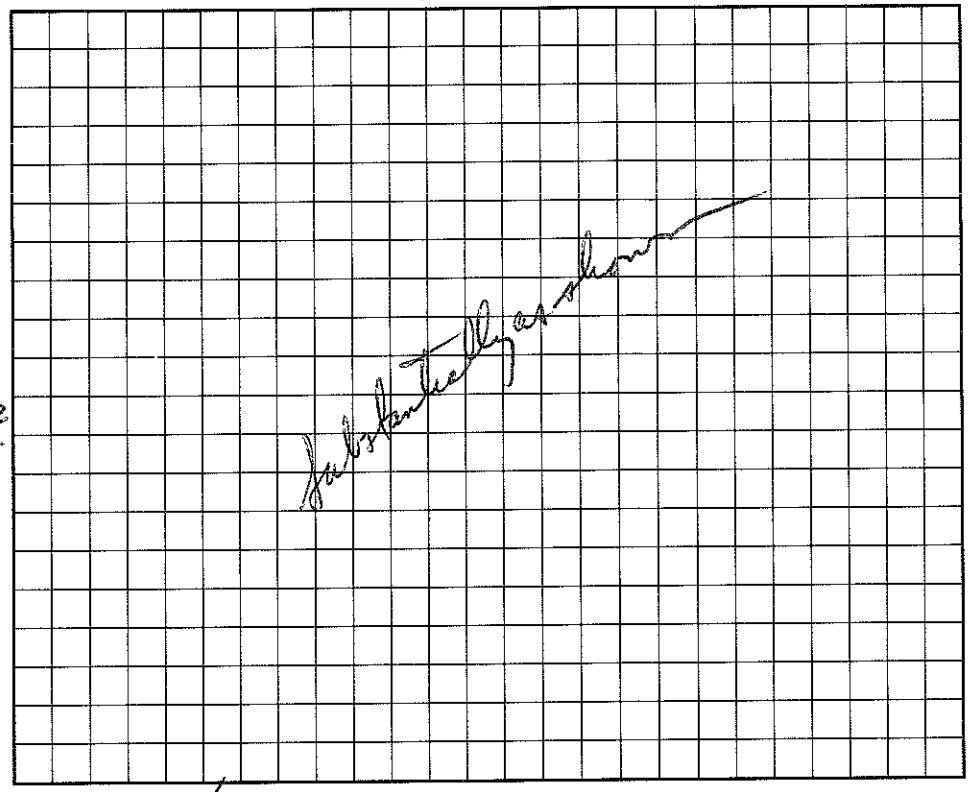
Comments: Kitchen & BarBQ pit & can wash wastewater to be plumbed into grease trap Hands. Bathroom wastes to go directly into septic tank.

Comments: 2-D boxes not & serial distribution used.

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: X Drainage way

Improvement Permit by: Steve D. Thomas RS date 1-20-95

Existing System Inspection by: _____ date _____

Installed by: Harry Keep

Certificate of Completion by: Steve D. Thomas RS date 3/28/95

Operation Permit by: _____ date _____

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