IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 4645234267 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18408 DATE August 11, 19 96 TAX MAP NO. 2612C 14

OWNER OR CONTRACTOR Robert Murray PHONE: Business _____ Home _____ Watershed: ☑ Yes ☐ No

ADDRESS PO Bx 1048 Cornelius LW

LOCATION 153 TR Cantrell TR Yeoman Lane TR Bain Lane 1/8 mile on rt

SUBDIVISION Yeoman Shores BLOCK / SECTION _____ LOT 14 LOT AREA ~110' x 220' SITE CLASS. PS per 1996 DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 2-1-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet _____ Linear Feet 200

No Lines 4 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: gravity PPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

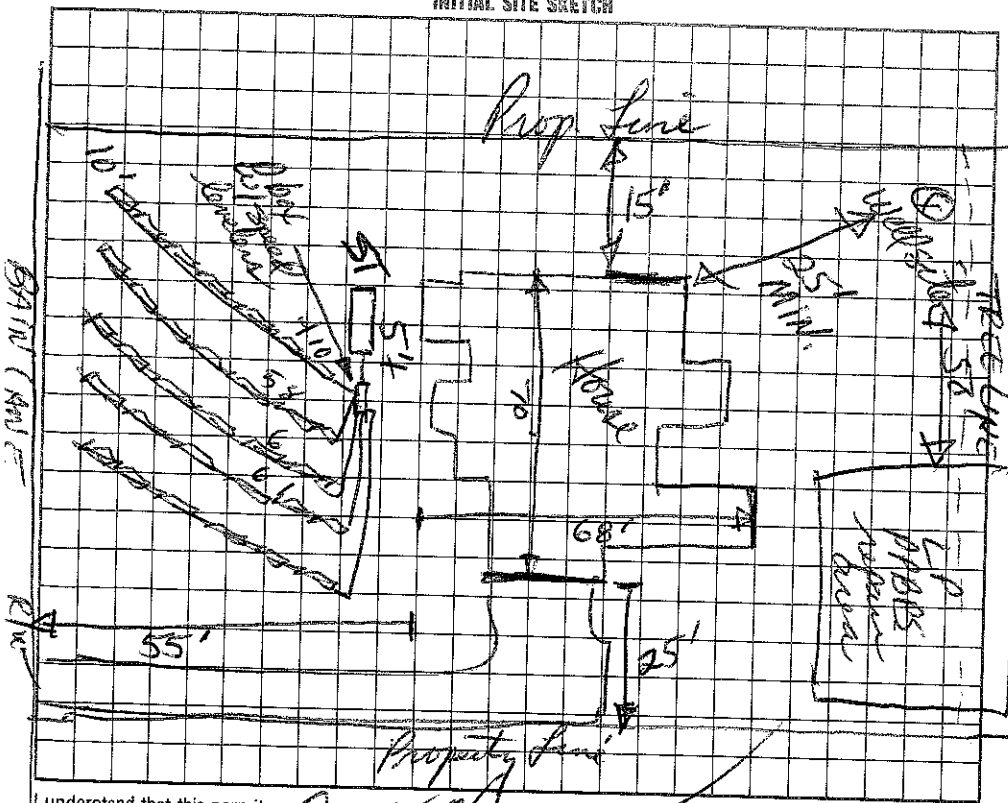
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

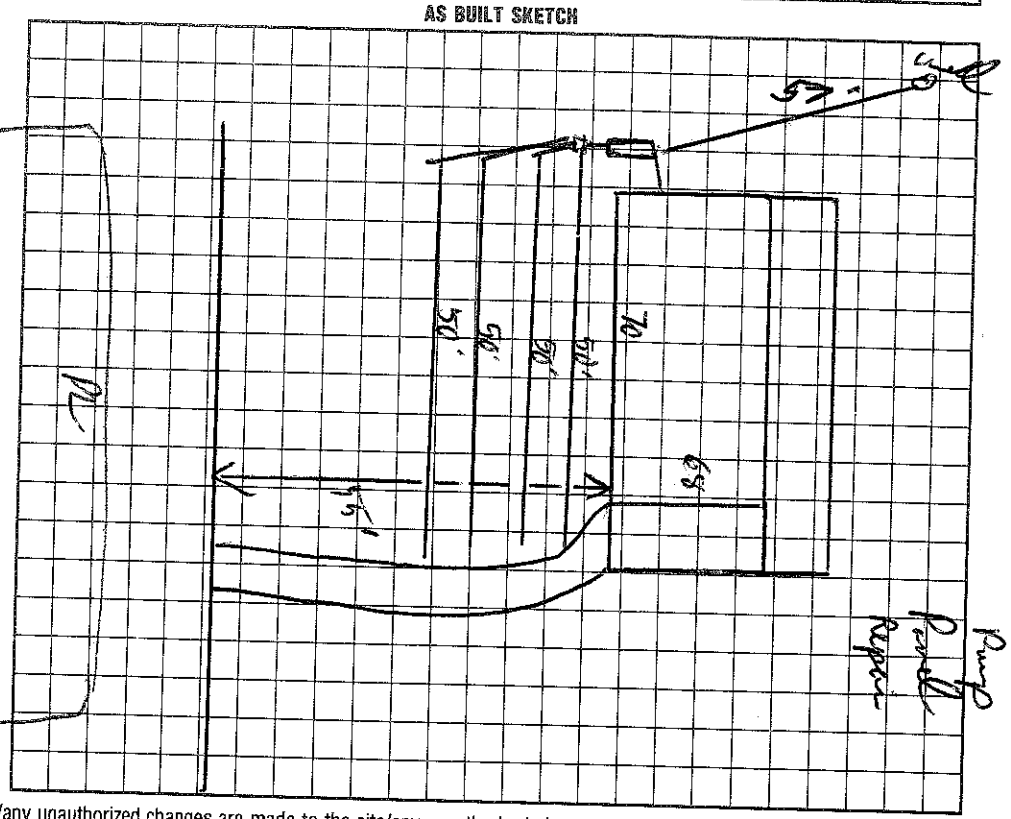
Comments: follow contour w/ laterals

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: [signature] EHS date 8/11/94

Inspection by: _____ date _____

Installed by: FJ Ervin

Certificate of Completion by: _____ date _____

Operation Permit by: C. Bradshaw EHSD date 4/23/96

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