IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 20485 DATE 3-20-95

OWNER OR CONTRACTOR ~~Don Creed~~ / Don Putnam TAX MAP NO. 211-11-13-9

ADDRESS 386 Williamson Rd PHONE: Business ~~Home~~ 664-3400 Watershed: ☐ Yes ☒ No

LOCATION Templeton Rd To Harwell 4th lot on left mooresville N.C. W SIV A

SUBDIVISION Queens Cove BLOCK / SECTION 2 LOT 9 LOT AREA 4.3 acres SITE CLASS. PS 4645-47-1000

Septic Tank: 1500 Gallons; STB 797 Gallons Date 6-14-95 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: Conv. Gravity II II

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: _____

Nitrification Field: No Fields 1 Square Feet 2250 Linear Feet 750+ Maintenance Agreement Required: ☐ Yes ☒ No

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 6 DESIGN FLOW 720 L.T.A.R. .38

☐ Mobile Home No. Bathrooms 4½

☐ Business No. Employees ____

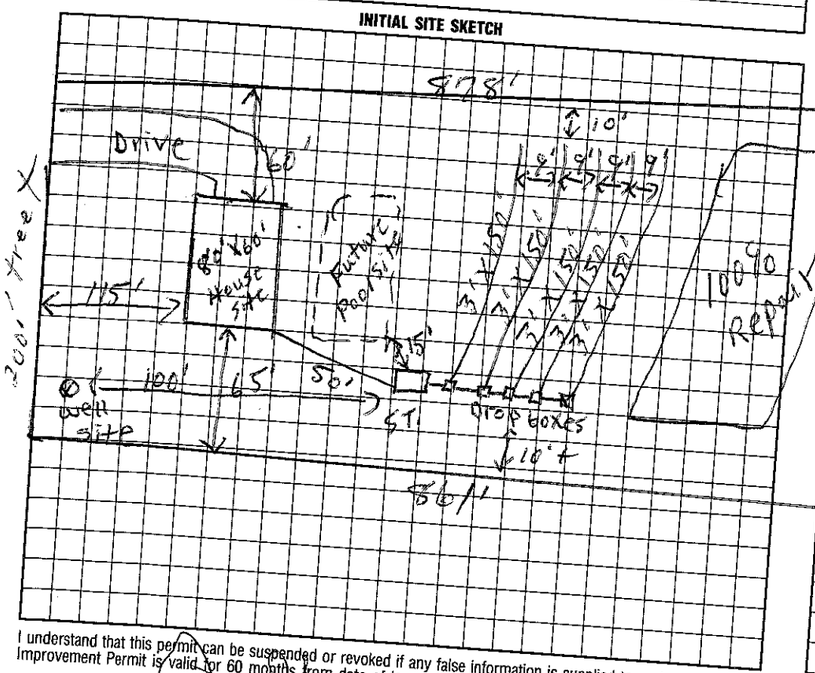
☐ Other _____

Water Supply: ☒ Individual ☐ Community ☐ Public

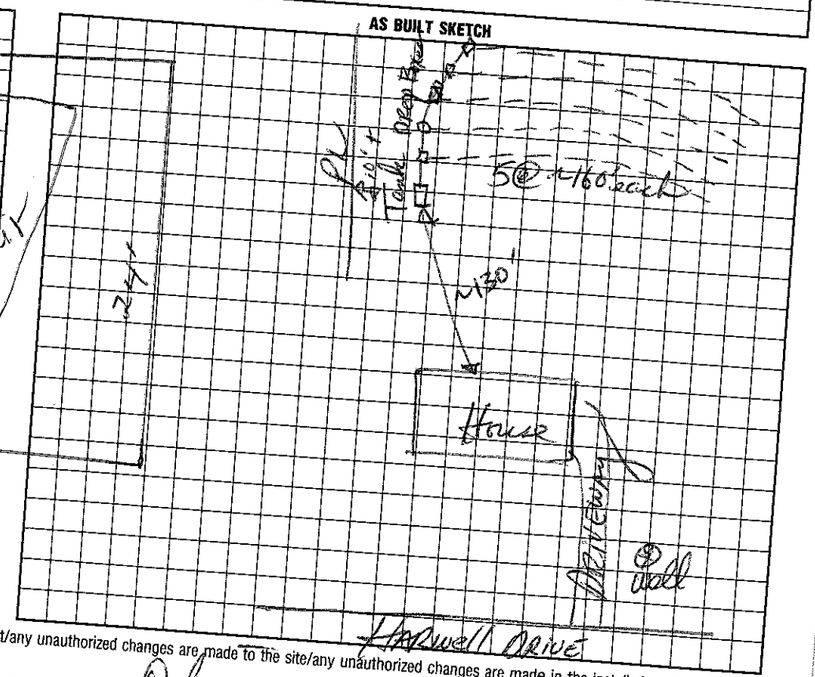
Comments:

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: P.C. Moore date 3-20-95 Installed by: Owner

Existing System Inspection by: _____ date _____ Certificate of Completion by: D Putnam IRS date 7-24-95

Operation Permit by: _____ date _____

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