IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE [illegible]78-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 16186 DATE Dec 15, '93 TAX MAP NO. 2K-22-A-17 4646 29 2469 Watershed: ☑ Yes ☐ No L.N.

OWNER OR CONTRACTOR Asghar Ajazi PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 1100 TL Farmstead Ln. At End

SUBDIVISION Farmstead BLOCK / SECTION 2 LOT 53 LOT AREA ≥ 20,000 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1250 Gallons; STB 31 Taylorsville Date 10-16-93

Pump Tank: 1500 Gallons; PT 99 TP Date 10-5-93

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: Pump to conv.

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 3 No. Employees ____

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

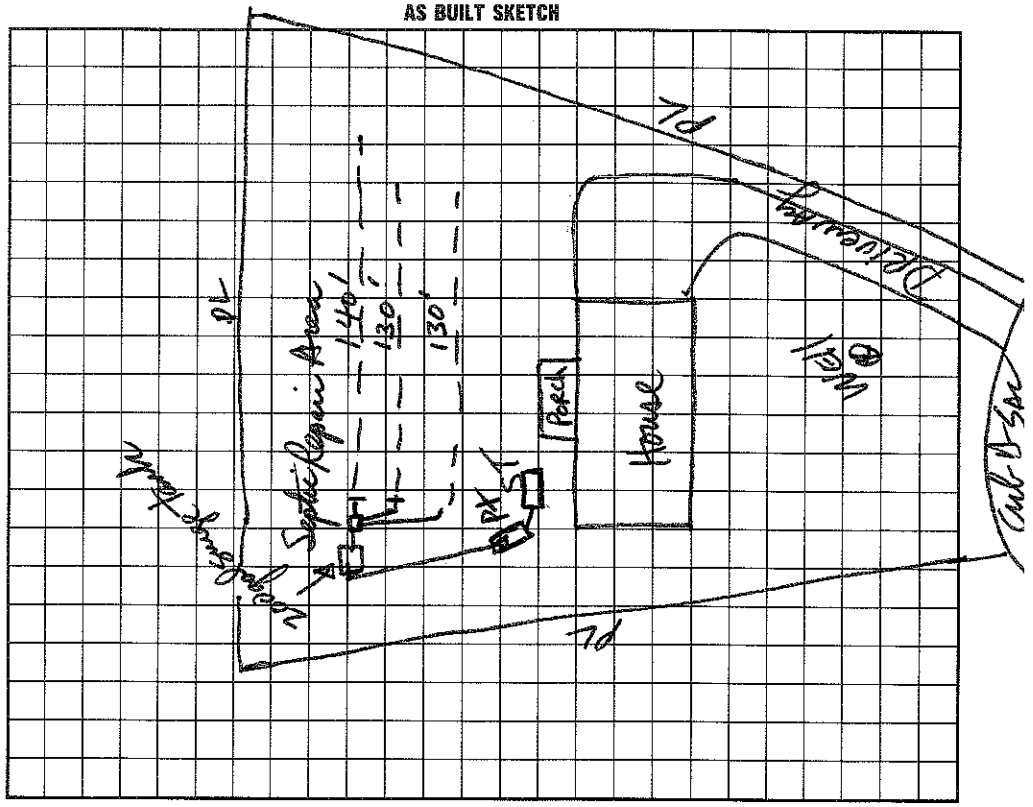
Water Supply: ☑ Individual ☐ Community ☐ Public

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: _____ Installed by: James Hudler

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: _____ date _____ Operation Permit by: _____ date 2/3/94

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