4647020175

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. 18059 DATE March 23, '94 TAX MAP NO. 2K AB (part of) Watershed: ☑ Yes ☐ No LN

OWNER OR CONTRACTOR Jerry C. Drye PHONE: Business _____ Home 664-3308

ADDRESS Rt 7, Box 710, Mooresville

LOCATION 100 yds past Brawley School TR Drye Dr. at end

SUBDIVISION CC Drye prop. BLOCK / SECTION _____ LOT 2 LOT AREA 1.98 Ac SITE CLASS. RS DESIGN FLOW 360 gpd L.T.A.R. -3

Septic Tank: 1000 Gallons; STB 358 NCP Date 1-10-94

Pump Tank: _____ Gallons; PT _____ Date _____

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: gravity conventional

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

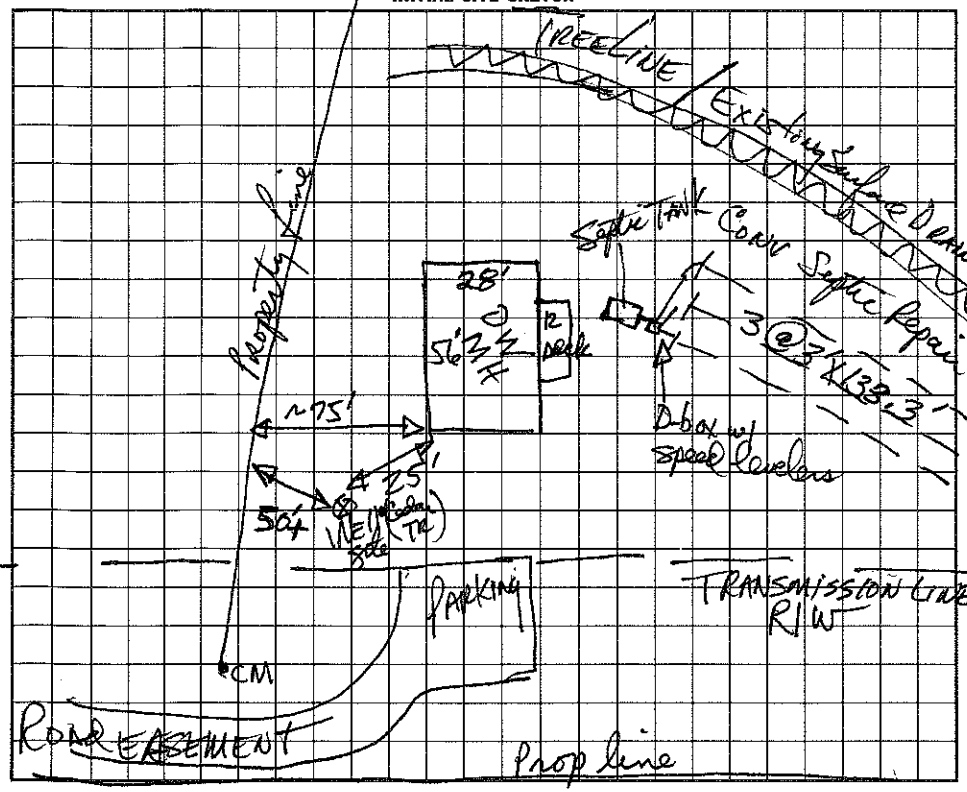
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: DW Mobile Home not on site. Well casing installed close to transmission line R/W stake where shown on initial sketch and may be actually be in R/W.

INITIAL SITE SKETCH



AS BUILT SKETCH

Substantially as shown on initial 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 Robert Brown, Bdr

Improvement Permit by: James R. Hinson, RS date 3/23/94

Existing System Inspection by: _____ date _____

Installed by: Dennis Gallihar

Certificate of Completion by: James R. Hinson, RS date 4/7/94

Operation Permit by: _____ date _____

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