PIN# 4648-32-0346

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. 07841 DATE 1/17/94 TAX MAP NO. 2P-10-A-8+9 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Don Graham PHONE: Business _____ Home _____

ADDRESS Beaufort Bay - Cherokee Dr. to 2nd house on (R)

LOCATION _____

SUBDIVISION Beaufort Bay BLOCK / SECTION _____ LOT 8+9 LOT AREA ~1 AC SITE CLASS. P DESIGN FLOW 480 L.T.A.R. _____

Septic Tank: Equity 1500 Gallons; STB _____ Date _____

Pump Tank: 0 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

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: _____

Repair System Description: Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees _____

☐ Other _____

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

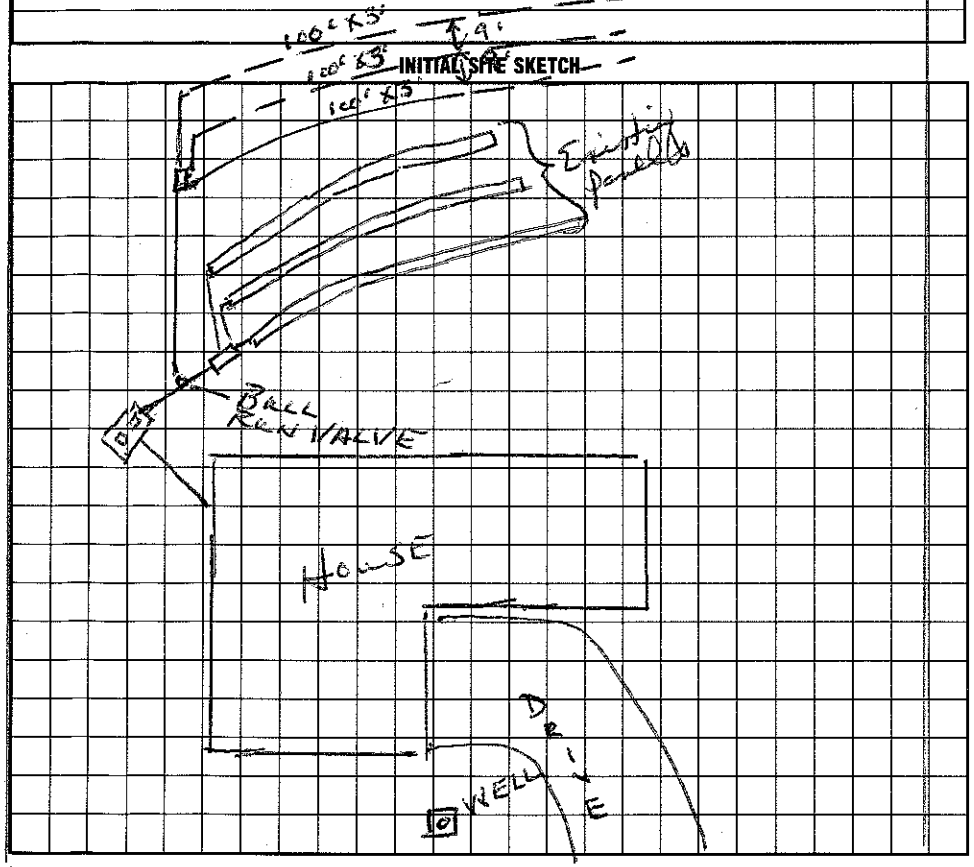
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments:

installed as shown

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. Cherokee Dr.

Signed: _____

Improvement Permit by: Wesley Sparks RS date 1/17/94

Existing System Inspection by: _____ date _____

Installed by: Tim Simmons

Certificate of Completion by: Wesley Sparks RS date 3/30/95

Operation Permit by: _____ date _____

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