IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION

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

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

PROPERTY DESCRIPTION NO. 24699 DATE 10/3/96 TAX MAP NO. 2P-10-A-5 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR JULIUS BYRD PHONE: Business _____ Home 896-9624

ADDRESS 18708 HWY 73, CORNELIUS NC 28031

LOCATION 150W- TR BLUEFIELD - TL BEF INDIAN TRP - TL CHEROKEE - 3rd LOT ON RIGHT

SUBDIVISION BEARFOOT BAY BLOCK / SECTION _____ LOT 5 LOT AREA 3/4 AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT2

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 18-24" 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 No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

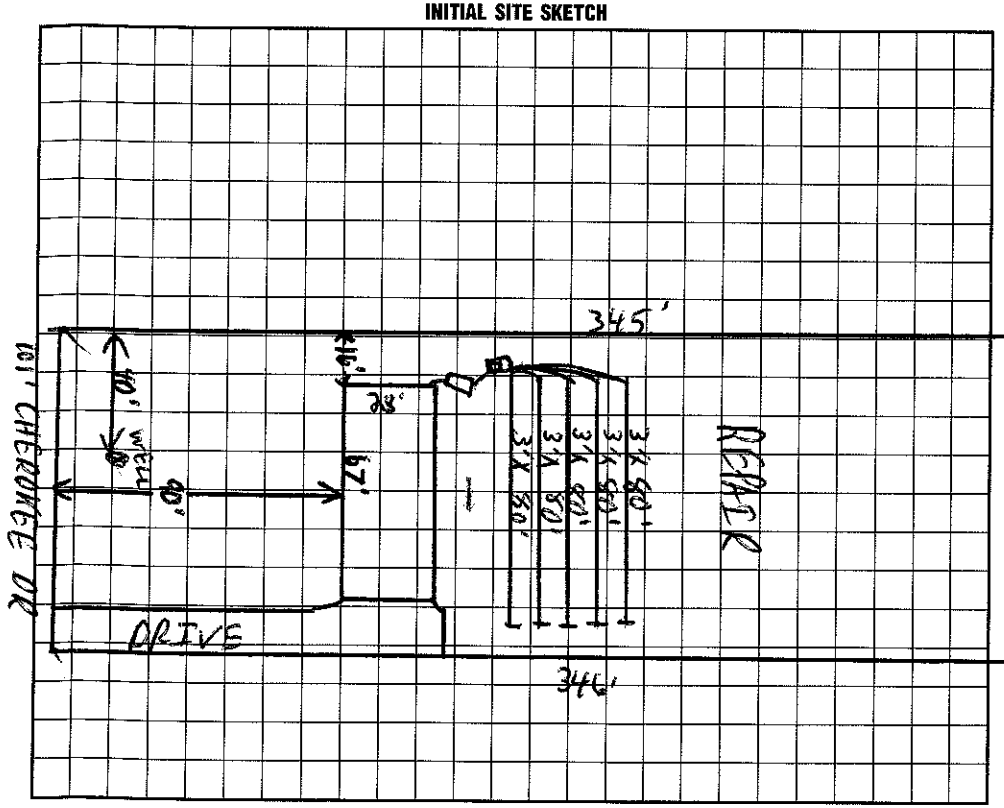
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

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.

Signed: _____

Improvement Permit by: C. Ray Freeman EHSI date 10/3/96

Existing System Inspection by: C. Ray Freeman EHSI date 10/3/96

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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