4648353885

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. N/A DATE 2/14/94 TAX MAP NO. N/A Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR JACK WATSON PHONE: Business _____ Home 633-9231

ADDRESS BIG INDIAN LP. RT 4 BOX 391 MOORESVILLE, NC.

LOCATION BIG INDIAN LP OFF BLUE WING TR 1ST ROAD, AROUND CURVE, 7 mi/a on (R) BELOW ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3 ~~.4~~

Septic Tank: ~~_____~~ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 750 Linear Feet 250

No Lines 5 Trench Width 3' Max Trench Bottom Depth 32" Gravel Depth 12"

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

System Description: CONV - DROP BOXES

Repair System Description: ~~PANEL~~ DIST. BOX

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1.5

☐ Business No. Employees _____

☐ Other _____

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

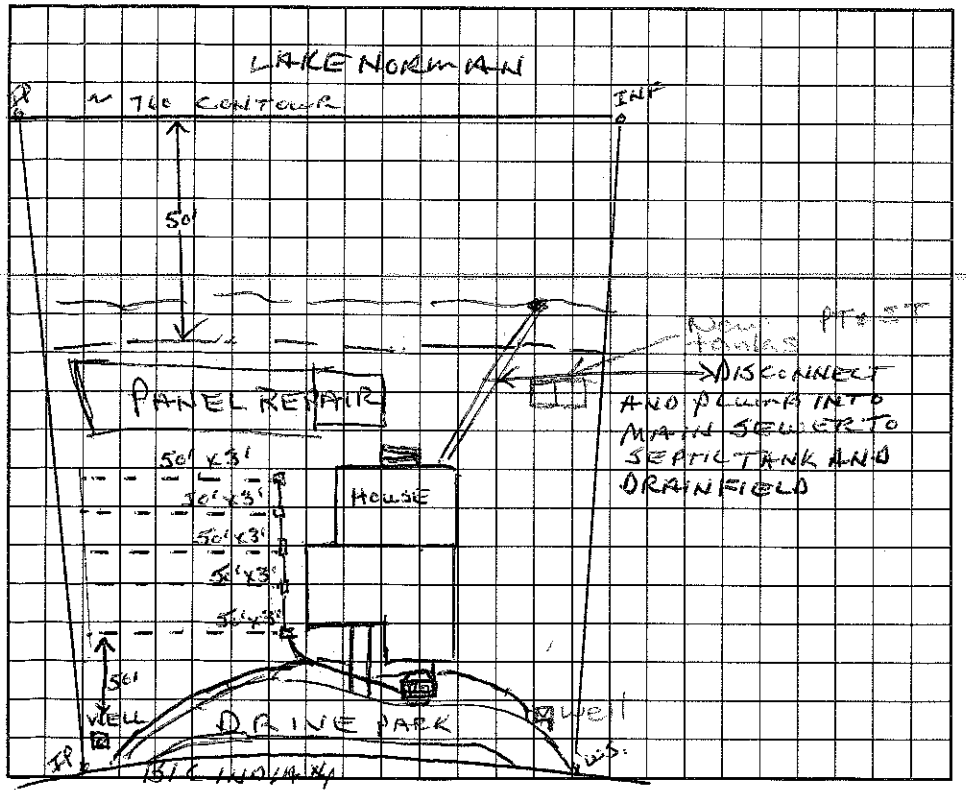
Water Supply: ☑ Individual ☐ Community ☐ Public

PROPOSED

Comments: ~~X~~MAX/IMUM SQ FOOTAGE AVAILABLE USED - SOME REPAIR AREA MAINTAINED TRENCHES NO DEEPER THAN 36" TO TRENCH BOTTOM.

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.

Signed: Lufkin Low - 2/14/94 RWS

Improvement Permit by: Wesley Sparks R.S. date 2/14/94

Existing System Inspection by: _____ date _____

Installed by: Larry Beam

Certificate of Completion by: Wesley Sparks R.S. date 3/21/93

Operation Permit by: _____ date _____

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