→ AUTHORIZATION TO CONSTRUCT

# 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. 24838 DATE 9/18/96 TAX MAP NO. 3F-10-A-3 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR DEBRA BOWERS PHONE: Business _____ Home 4649-17-0624

ADDRESS 153 ROYAL CT. WAY MOORESVILLE 28115

LOCATION PORTH RD. N-TR FERN HILL -TR DORCHESTER LOT ON LFT.

SUBDIVISION OVERLASH PROP. BLOCK / SECTION _____ LOT 3 LOT AREA 1.51 AC SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .36 AD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 7/1/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 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 No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

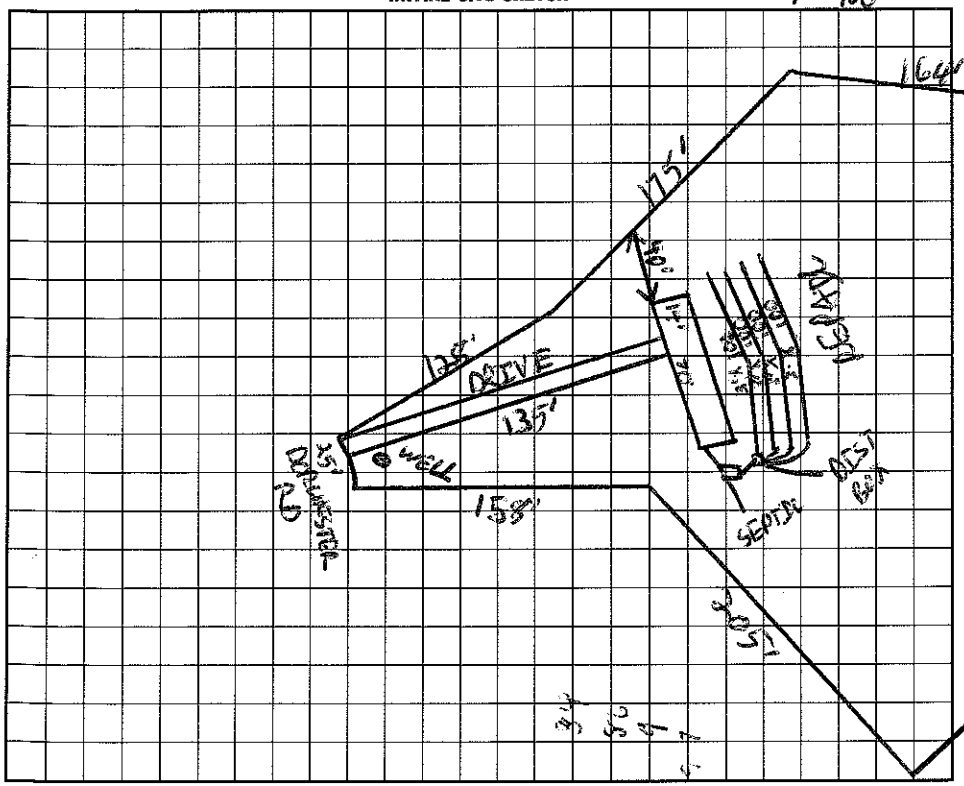
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

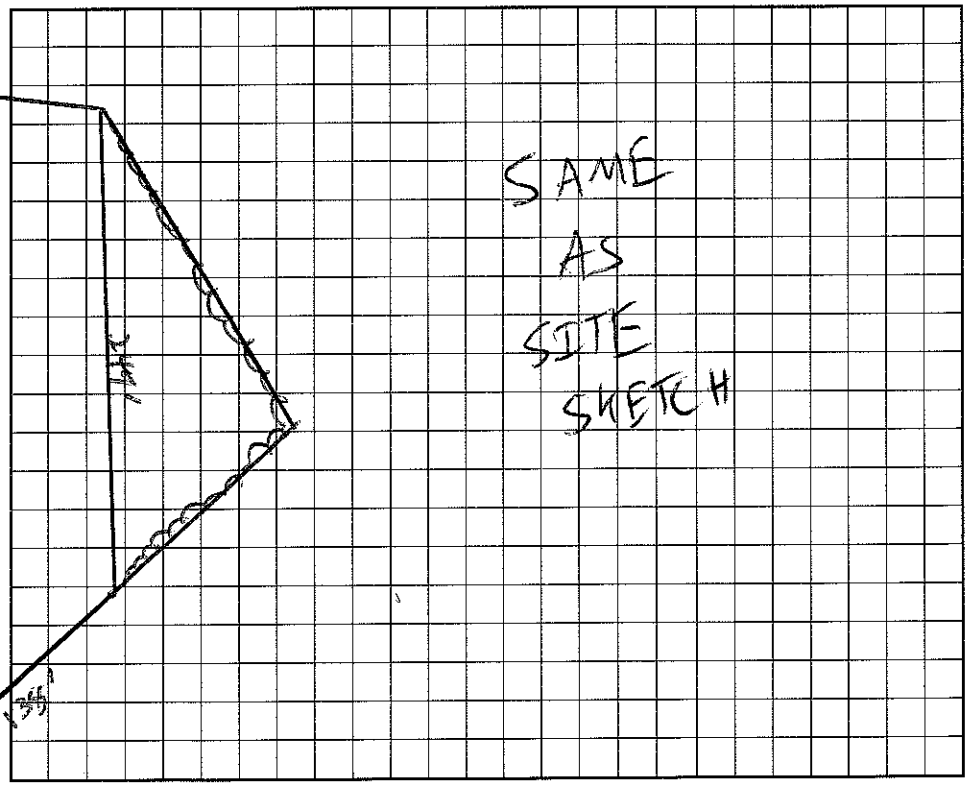
Comments:

Comments:

**INITIAL SITE SKETCH** 1"=100'




**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: Deborah Bowers

Improvement Permit by: C. Ballentine EHSI date 9/18/96

Existing System Inspection by: C. Ballentine EHSI date 9/18/96

Installed by: TIM AMMONS

Certificate of Completion by: _____ date _____

Operation Permit by: C. Ballentine EHSI date 11/13/96

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