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. 16162 DATE 7/13/93 TAX MAP NO. 3F 10A 5

OWNER OR CONTRACTOR Charles M Bowers PHONE: ~~Business~~ 4649-17-1413 Home 376-5209

ADDRESS 11 Royal Pointe Way Mocksville

LOCATION Fern Hill Rd, Perth N TR on Fern Hill ~ 1/3 mile on (R) in field

SUBDIVISION RF Overcash BLOCK / SECTION ____ LOT 5 LOT AREA ~.75AC SITE CLASS. P L.T.A.R. .25 - .3

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 825 Date 5/5/93

Pump Tank: ____ Gallons; PT ____ Date ____

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

No Lines 3 Trench Width 31 Trench Depth 36" Gravel Depth 12"

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

System Description: Conv.

Repair System Description: Conv.

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 1 No. Employees ____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

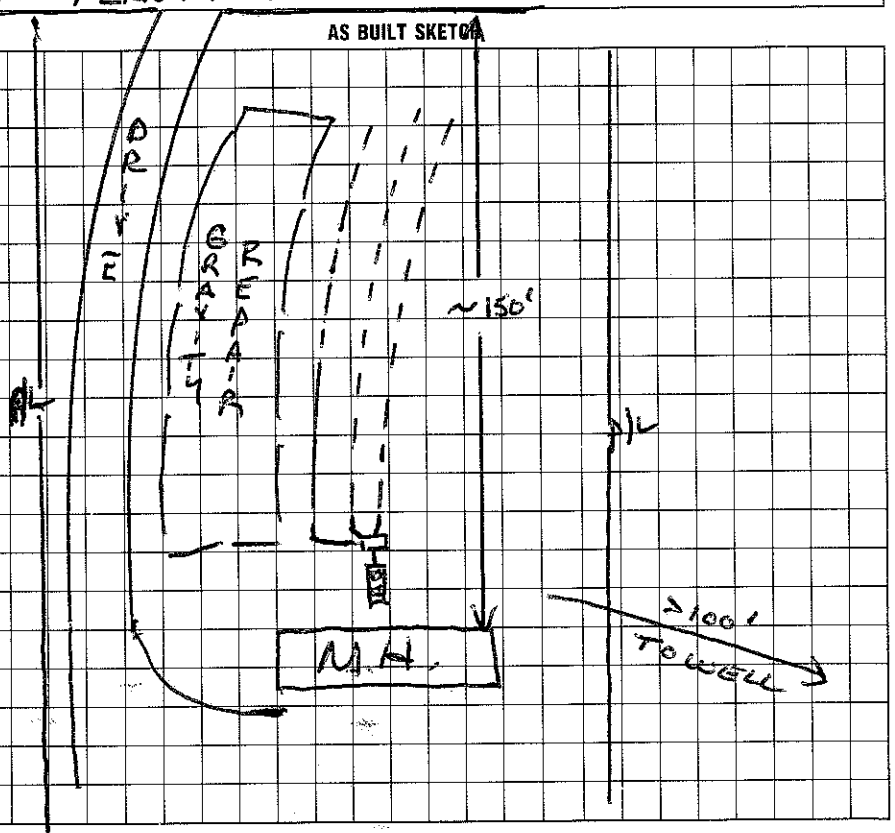
Other ____

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

Comments No WELL ON THIS LOT

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: ____

Improvement Permit by: ____ date ____

Existing System Inspection by: ____ date ____

Installed by: Tim Ammons

Certificate of Completion by: Wesley Parkers. date 7/13/93

Operation Permit by: ____ date ____

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