4654-88-4646

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. 19629 DATE 3/17/95 TAX MAP NO. 1C 6A 2-A Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Larry Deal PHONE: Business _____ Home _____

ADDRESS 384 Presbyterian Rd.

LOCATION 2nd drive on (D) past Buckingham Pl.

SUBDIVISION Adcock Land BLOCK / SECTION _____ LOT 2A LOT AREA ~1.5AC SITE CLASS. A DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 794 Date 12-16-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 1020 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 340

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: DIST BOX — CONV

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

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

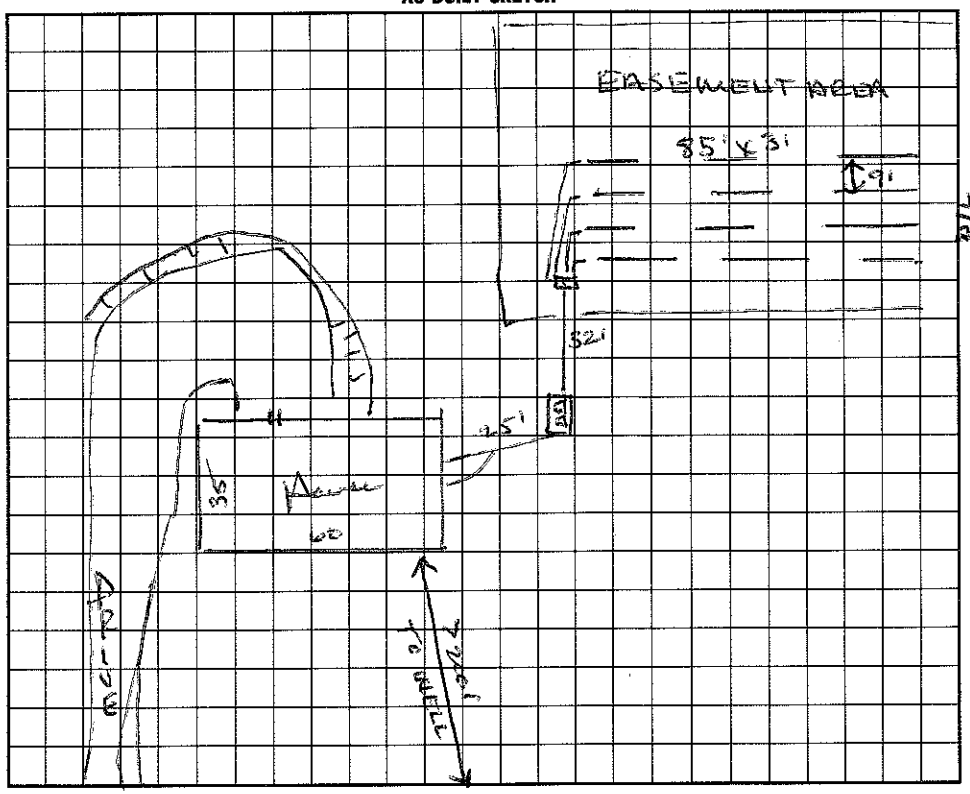
Water Supply: ☒ Individual ☐ Community ☐ Public DEALS

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: F J Ervin

Certificate of Completion by: Wesley Sparks R.S. date 3/17/95

Operation Permit by: _____ date _____

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