4655 23 4947

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. 15007 DATE 6/22/94 TAX MAP NO. 2A C 1D Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Bob Allison PHONE: Business 875-8084 Home

ADDRESS PO Box 2272 Cowpens, NC 29031

LOCATION Eastpoint Trail (R) to first (L) to end of road on (L)

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25 - .3

Septic Tank: 1000 Gallons; STB 794 Date 5/6/94

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: 1 Bdrm - Conv.

Repair System Description:

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

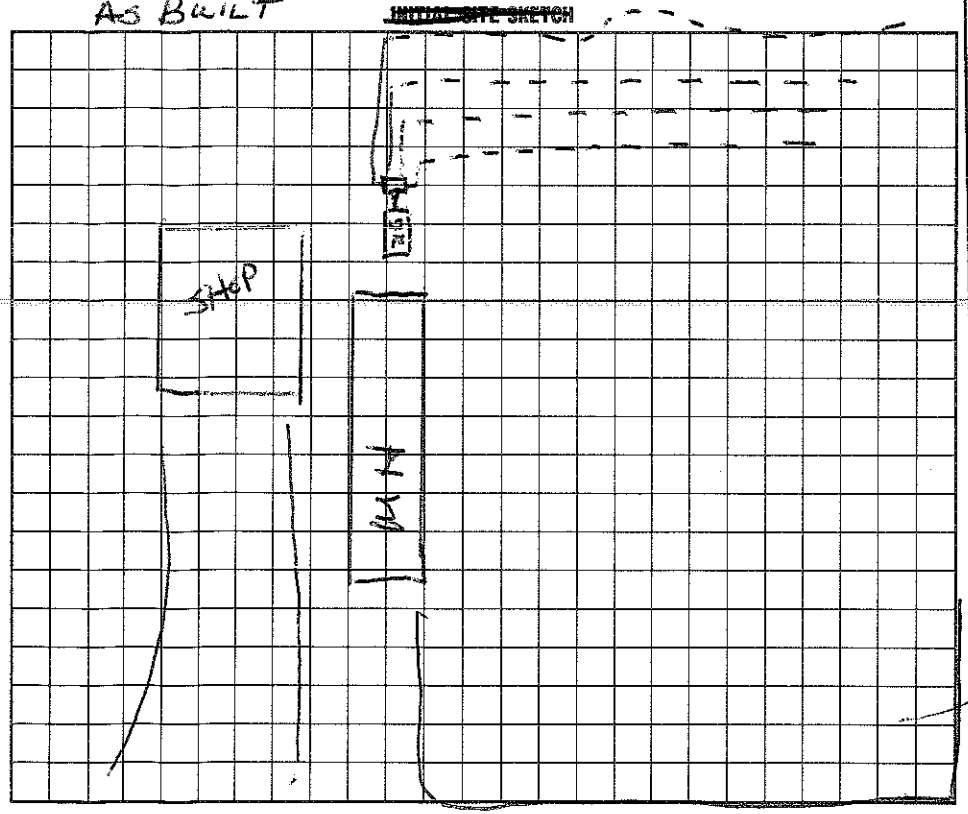
Water Supply:
☒ Individual
☐ Community
☐ Public
NEXT DOOR

Comments:

P/L

Comments:

AS BUILT ~~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: Bob Allison

Certificate of Completion by: Wesley Sparks R.S. date 6/22/94

Operation Permit by: date

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