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. 13303 DATE 6-17-96 TAX MAP NO. ~~2H14A10~~ 4655-25-5145 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Sid McCutcheon PHONE: Business _____ Home _____

ADDRESS _____

LOCATION J & J LAND & TIMBER

SUBDIVISION ~~L.C. Caldwell Est.~~ BLOCK / SECTION _____ LOT 10 LOT AREA 5.15 Ac SITE CLASS. _____ DESIGN FLOW 360 gpd L.T.A.R. .2

Septic Tank: 1000 Gallons; STB 794 Dellinger Date 6-21-95

Pump Tank: 1000 Gallons; PT 27 Dellinger Date 8-29-95

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 4 Square Feet 1800+ Linear Feet 600+

No Lines 4 Trench Width 36" Max Trench Bottom Depth ~18" Gravel Depth 12"

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

System Description: pressure conventional

Repair System Description: SAME OR LPP

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

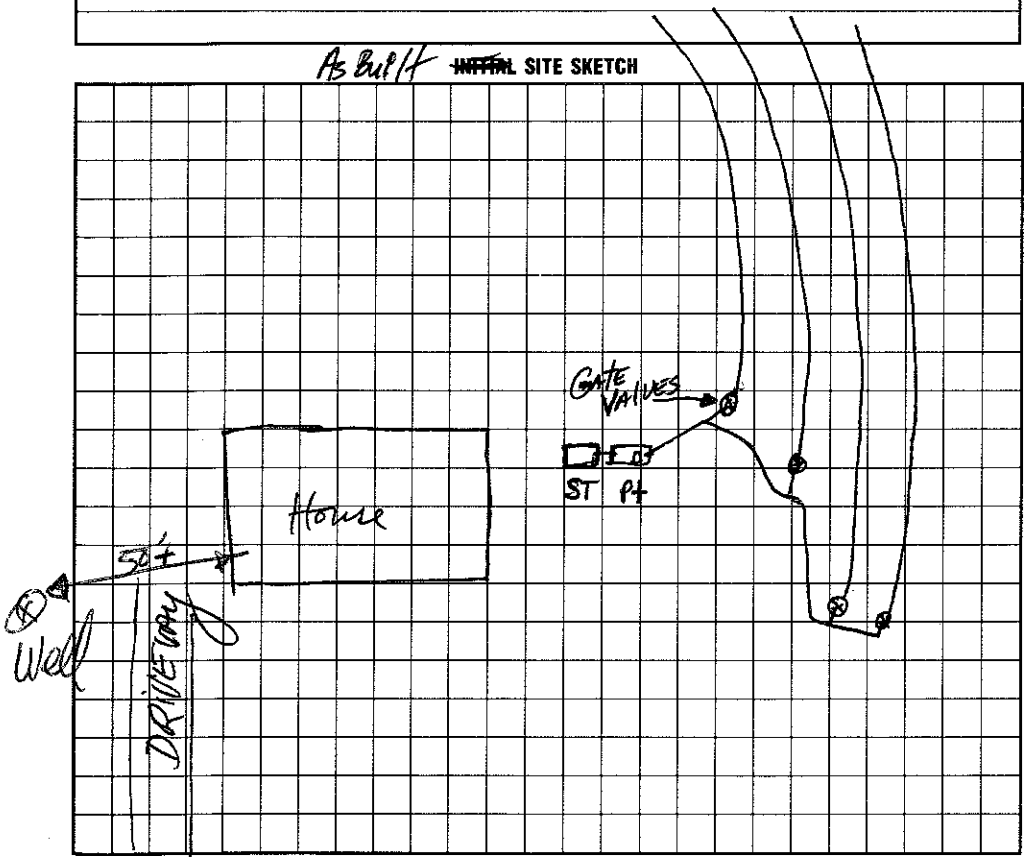
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: ~10/3/95 Tanks set; laterals installed

Comments: TA

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.

Signed: _____

Improvement Permit by: JC Moore date _____

Existing System Inspection by: _____ date _____

Installed by: owner

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 6-17-96

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