4656-00-9462

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. 25490 DATE 11/12/96 TAX MAP NO. 2H-4-B-11 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR SCOTT MEDLIN PHONE: Business _____ Home 549-6041 - 663-7823

ADDRESS LESLIE LOOP

LOCATION 115 S. TR LESLIE LOOP # 130

SUBDIVISION ROYAL OAKS BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. RS DESIGN FLOW 360 GPD L.T.A.R. .36 GPD/FT

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons: EXISTING Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: GRAVITY BED

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

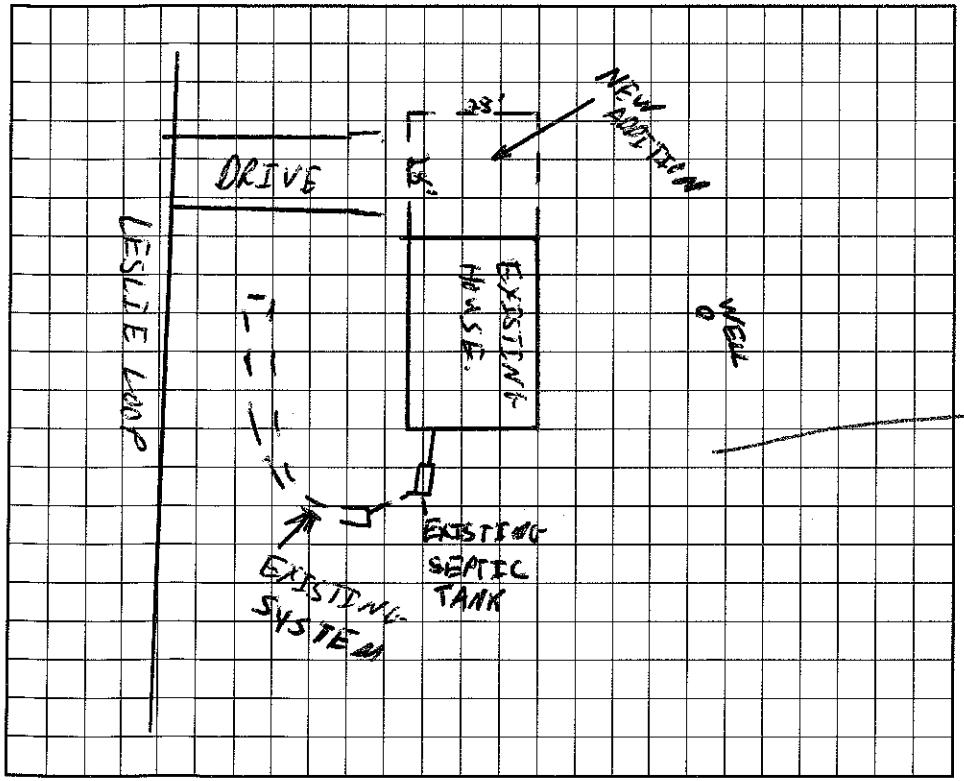
☐ Other _____

Water Supply: ☑ Individual ☐ Community ☐ Public

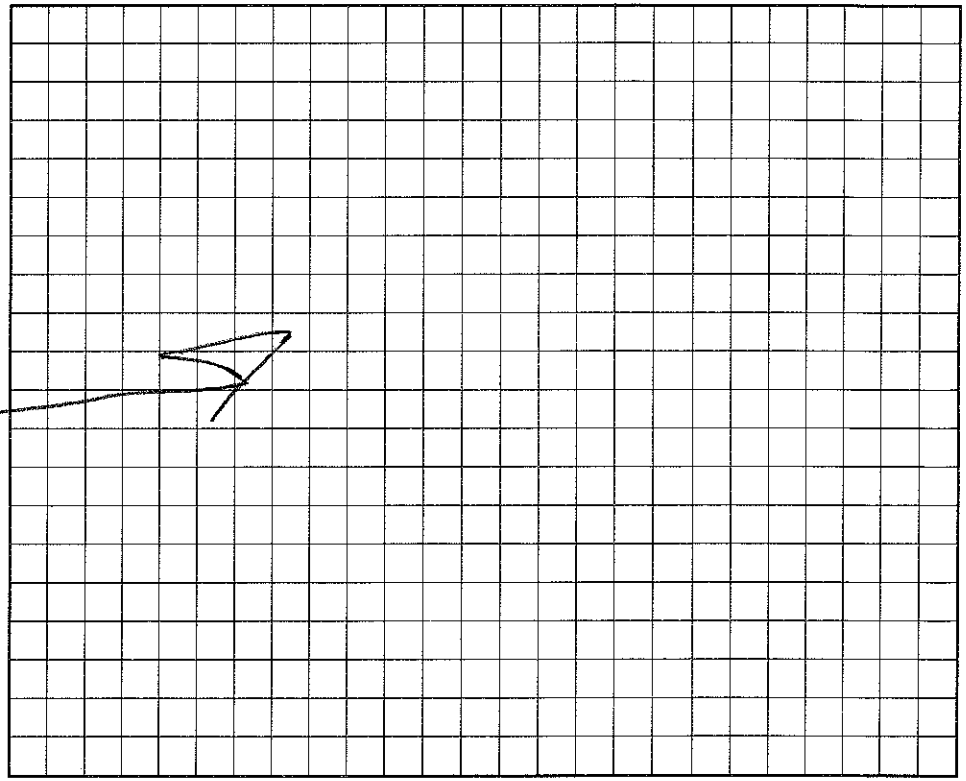
Comments: ONE BR IN HOUSE - ADDITION BR AND BATH TO BE ADDED. 2BR'S ALL TOGETHER

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.

Signed: TO BE LEFT AT HOUSE ON REQUEST. Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: C. Ray Fern date 11/13/96 Operation Permit by: C. Ray Fern date 11/13/96

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