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. 2288 DATE 12/8/93 TAX MAP NO. 1M 14 B9 / 4657-48-7509 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Thurmon Jones PHONE: Business _____ Home 663-1862

ADDRESS _____

LOCATION Bentley Rd (R) off 70 IN TR TO CUL DESAC DRIVE ON (R)

SUBDIVISION Bentley Acres BLOCK / SECTION _____ LOT 9 LOT AREA ~ 1.05 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .125-.3

Septic Tank: 1000 Gallons; STB 358 Date 10/26/93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 0 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 3' Max Trench Bottom Depth 32" Gravel Depth 12"

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

System Description: CONV. DIST BOX

Repair System Description: PANEL

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

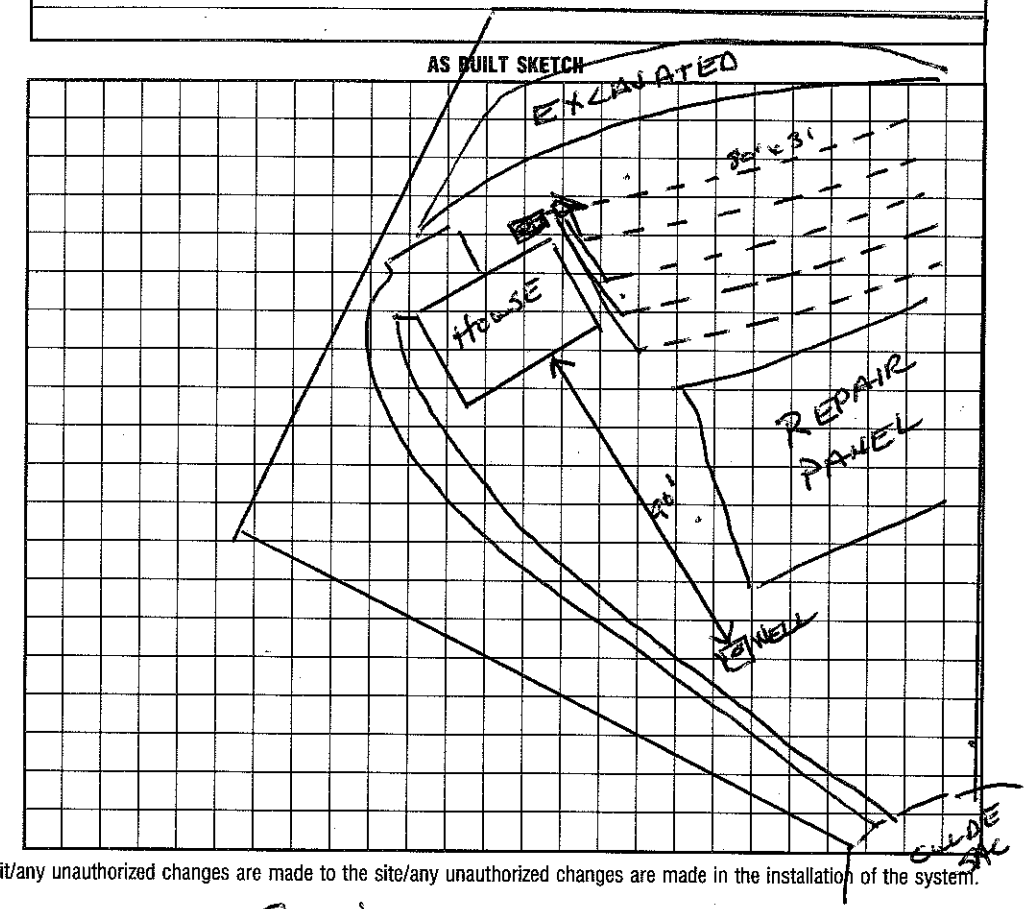
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

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: FJ Ervin

Certificate of Completion by: Wesley Sparks R.S. date 12/8/93

Operation Permit by: _____ date _____

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