IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

(1:30) PIN# 4658-46-6678

PROPERTY DESCRIPTION NO. 21260 DATE May 3, '96 TAX MAP NO. part of 1RA10 Watershed: ~~Yes~~ No

OWNER OR CONTRACTOR Bill Ball PHONE: Business _____ Home _____

ADDRESS Rt 2 Box 303A Hiddenite 28636

LOCATION 2N TL Bailey Rd. ~ 1/4-1/2 mile on Right

SUBDIVISION Farmdale BLOCK/SECTION 1 LOT 1 LOT AREA .75Ac SITE CLASS. B5 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 325 Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: past conventional

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

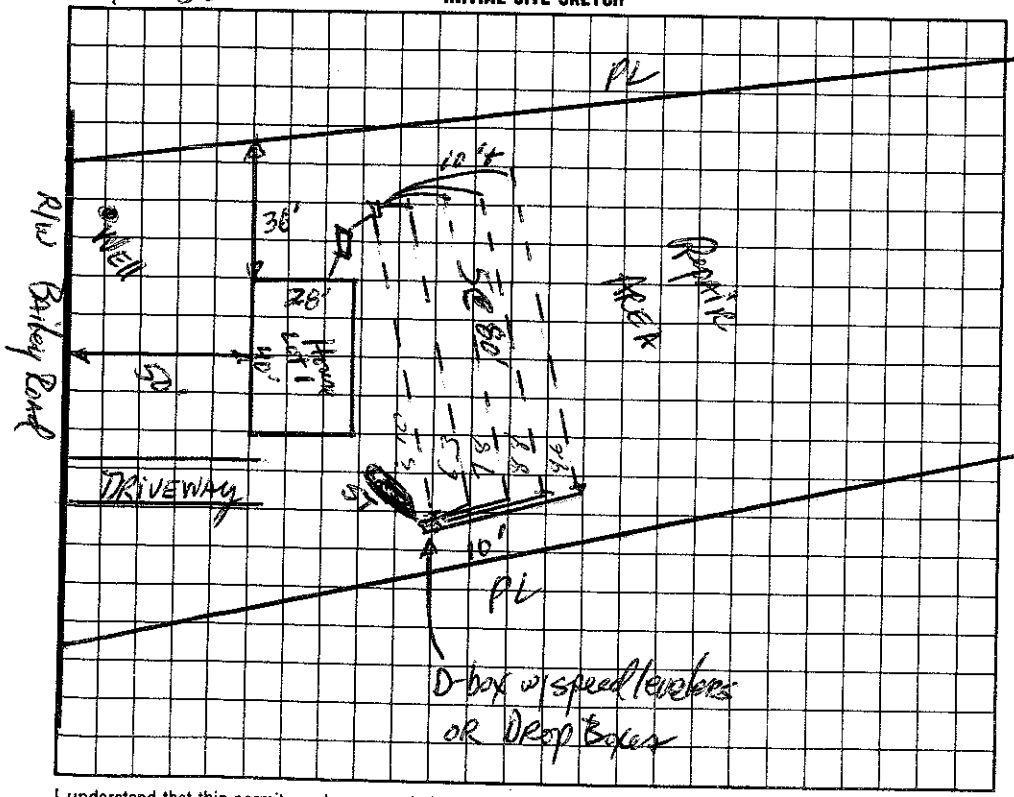
Water Supply: ~~Individual~~ ☐ Community ☐ Public

Comments:

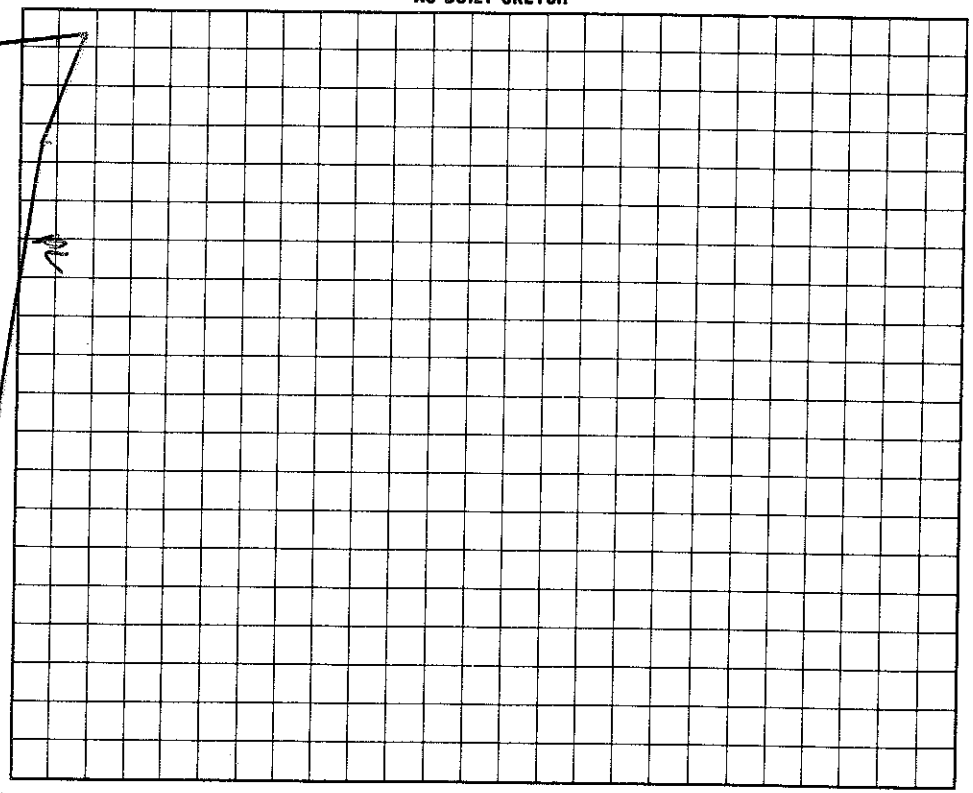
Comments:

1"=50'

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: ~~Bill Ball~~

Improvement Permit by: [signature] RS date 5-3-96

Existing System Inspection by: [signature] RS date 5-3-96

Installed by: CLONTZ GRADING

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] EHS date 10/15/96

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