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. 17748 DATE 2/4/94 TAX MAP NO. 7B 2A 3+4 / 4664-58-0794 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR HOBERT L BROWN PHONE: Business _____ Home 892-3076

ADDRESS 21103 FRONTAGE ROAD DAVIDSON, NC. 28036

LOCATION BELLE GLADE - SHEARERS RD.

SUBDIVISION BELE GLADE BLOCK / SECTION _____ LOT 3+4 LOT AREA ~1.0 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 9/26/94
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 35 Trench Width 3' Max Trench Bottom Depth 32" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: DIST BOX - CONV.
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

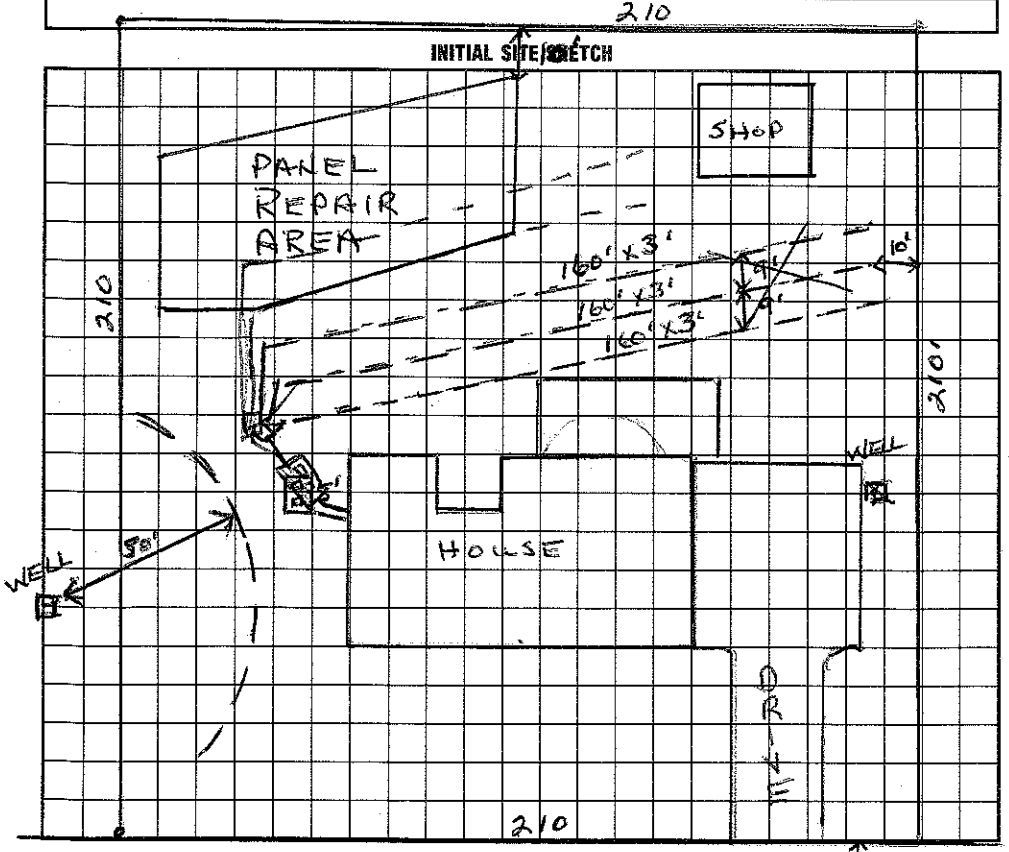
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Community
☐ Public

Comments: TRENCHES NO DEEPER THAN 32" TO TRENCH BOTTOM.

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: Susan Craven

Improvement Permit by: Wesley Sparks R.S. date 2/9/94

Existing System Inspection by: _____ date _____

Installed by: Bob Mayhew

Certificate of Completion by: Wesley Sparks R.S. date 10/26/94

Operation Permit by: _____ date _____

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