4665 441139

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. N/A DATE 6/11/93 TAX MAP NO. N/A

OWNER OR CONTRACTOR BILL BREINICH PHONE: Business _____ Home 663-5059

ADDRESS SHEARERS RD, 3RD HOUSE ON (R) PAST ROADWAY

LOCATION SHEARERS RD.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P L.T.A.R. .25 , 3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 2 Square Feet 720 Linear Feet 240

No Lines 3 Trench Width 3' Trench Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 1.5 Auto. Dishwasher: ☑ Yes ☐ No

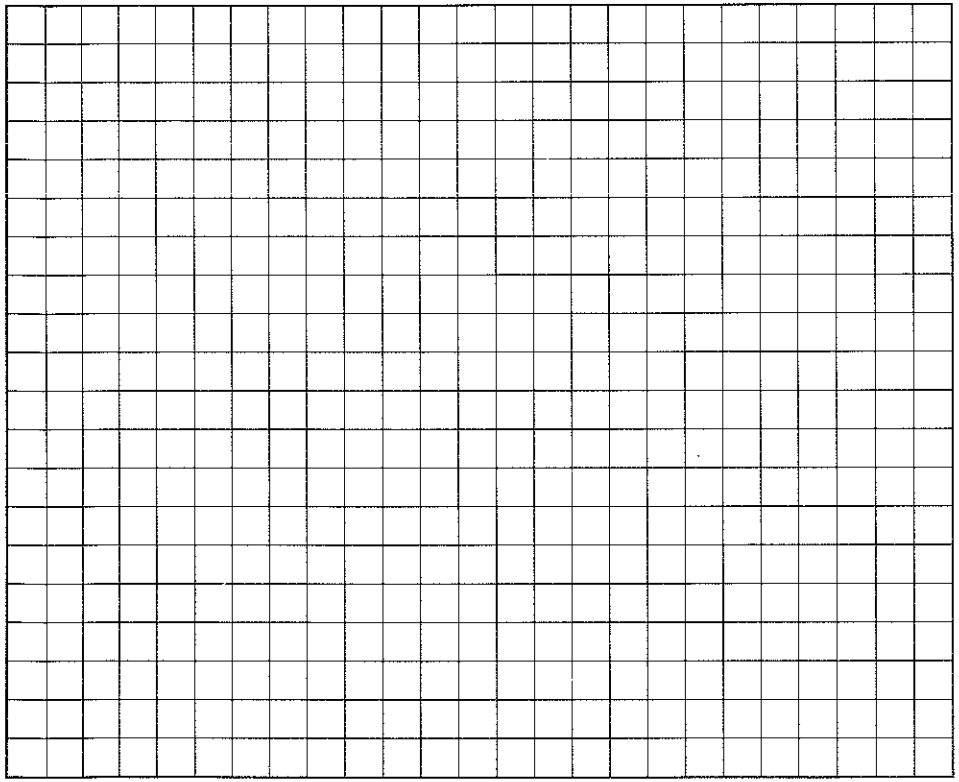
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

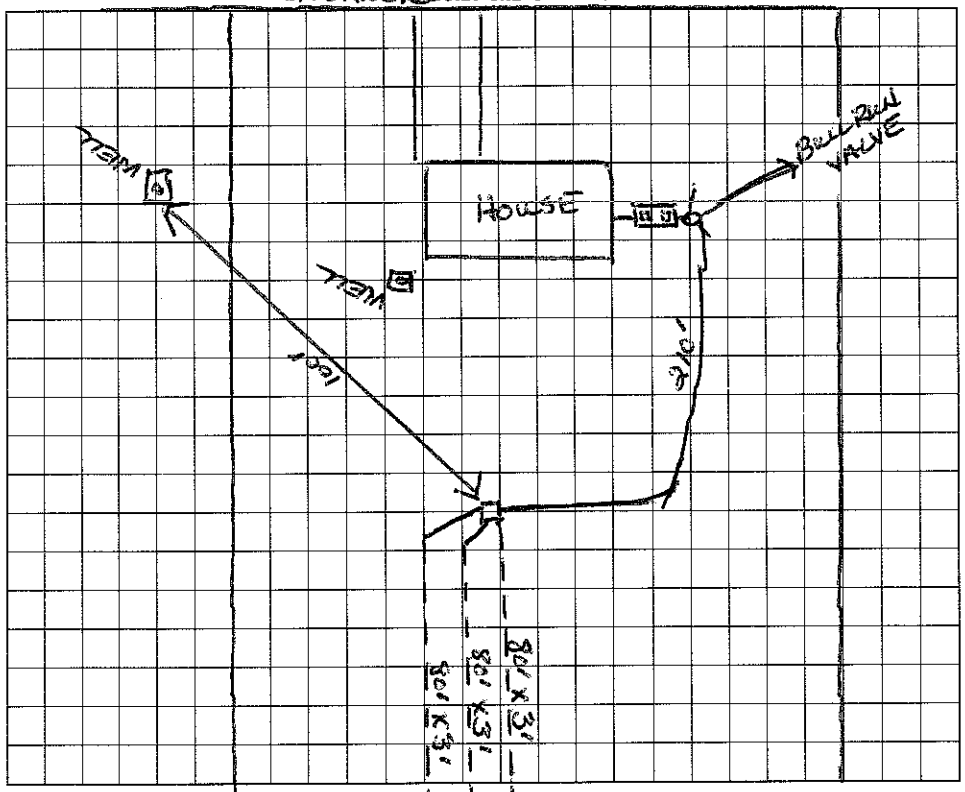
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments _____

INITIAL SITE SKETCH



AS BUILT SKETCH SHEARERS RD.



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: _____ Installed by: AAA Backhoe Svcs.

Improvement Permit by: _____ date _____ Certificate of Completion by: Wesley Sparks RS. date 6/11/93

Existing System Inspection by: _____ date _____ Operation Permit by: _____ date _____

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