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. _____ DATE 6/7/93 4606562664660 TAX MAP NO. 1E 4A 39

OWNER OR CONTRACTOR PATRICIA KNAACK PHONE: Business _____ Home _____

ADDRESS SPRINGTIME LN, TO END ON (L) OF CLOE SAC

LOCATION _____

SUBDIVISION TIMBERVIEW BLOCK / SECTION 11 LOT 39 LOT AREA ± 20,000 FT² 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 1 Square Feet 1200 Linear Feet 435

No Lines 4 Trench Width 3' Trench Depth 36" Gravel Depth 12"

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

System Description: CONV

Repair System Description: CONV

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 5

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

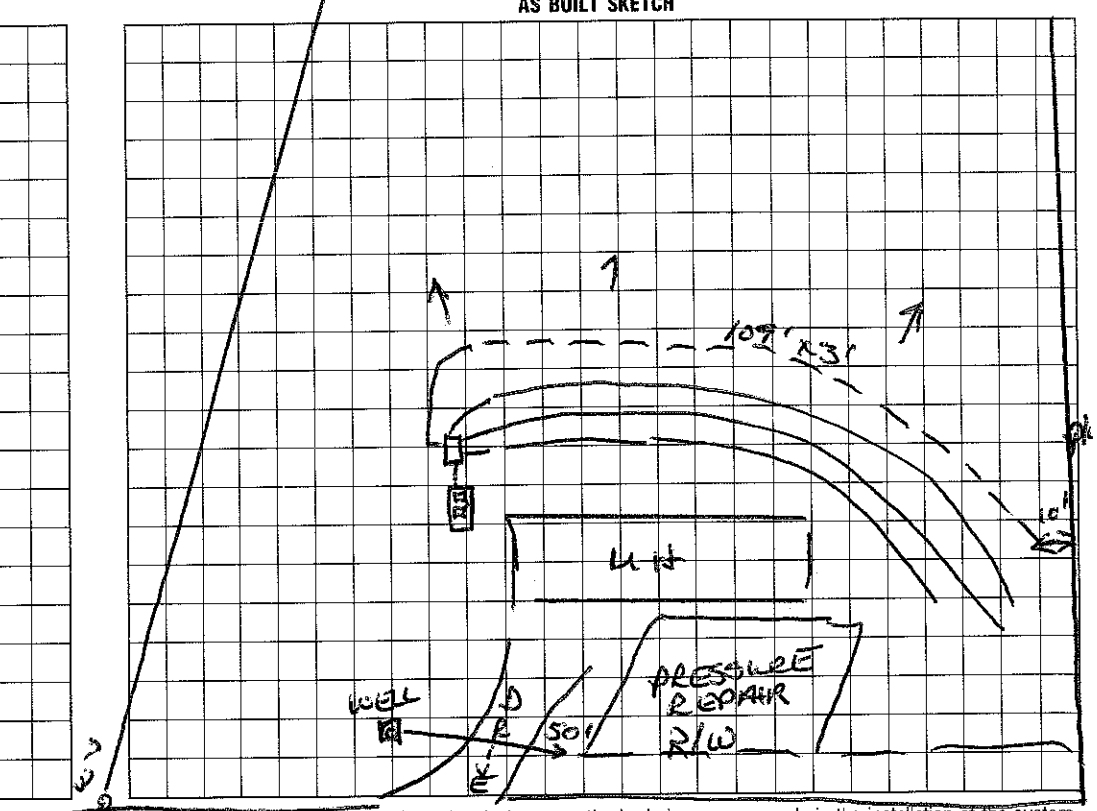
Other _____

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

Comments: Original system for 3 bedroom - 5 bedroom placed on system D/B not properly balanced for existing system

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: Tim Simmons

Certificate of Completion by: Wesley Sparks RS. date 6/7/93

Operation Permit by: _____ date _____

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