4608137843

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. No DATE 5/31/94 TAX MAP NO. 4/14 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR CK Sigmon PHONE: Business _____ Home _____

ADDRESS 214 Mazeppa Rd.

LOCATION Mazeppa Rd, on (R) just before Day Care

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA ~2Ac SITE CLASS. P DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 2 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 6"

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

System Description: CONV - DIST BOX - FLOOD DIV.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Community ☐ Public

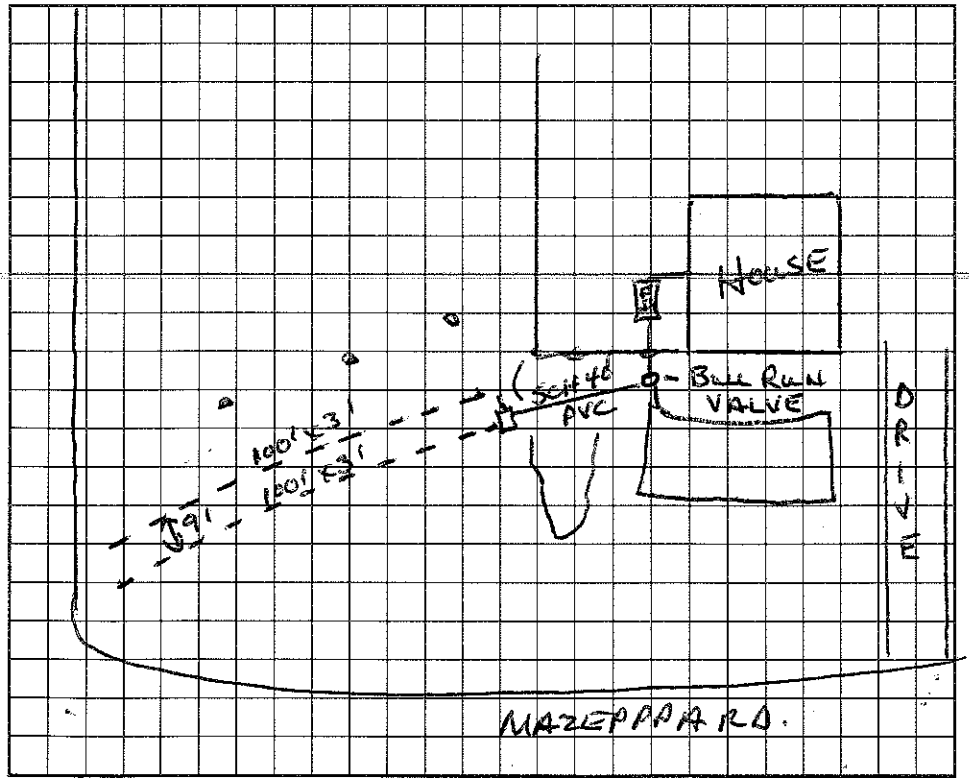
Comments:

Keep trenches as shallow as possible.

Comments:

Installed as shown.

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: Wesley Sparks RS. date 5/31/94

Existing System Inspection by: _____ date _____

Installed by: Larry Beam

Certificate of Completion by: Wesley Sparks RS. date 6/1/94

Operation Permit by: _____ date _____

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