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 TAX MAP NO. N/A

OWNER OR CONTRACTOR Jean Overcash PHONE: Business _____ Home 664-5253

ADDRESS Shinnville Rd.

LOCATION 1 mile on (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ 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 400

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 ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms _____ No. Bathrooms _____ No. Employees _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

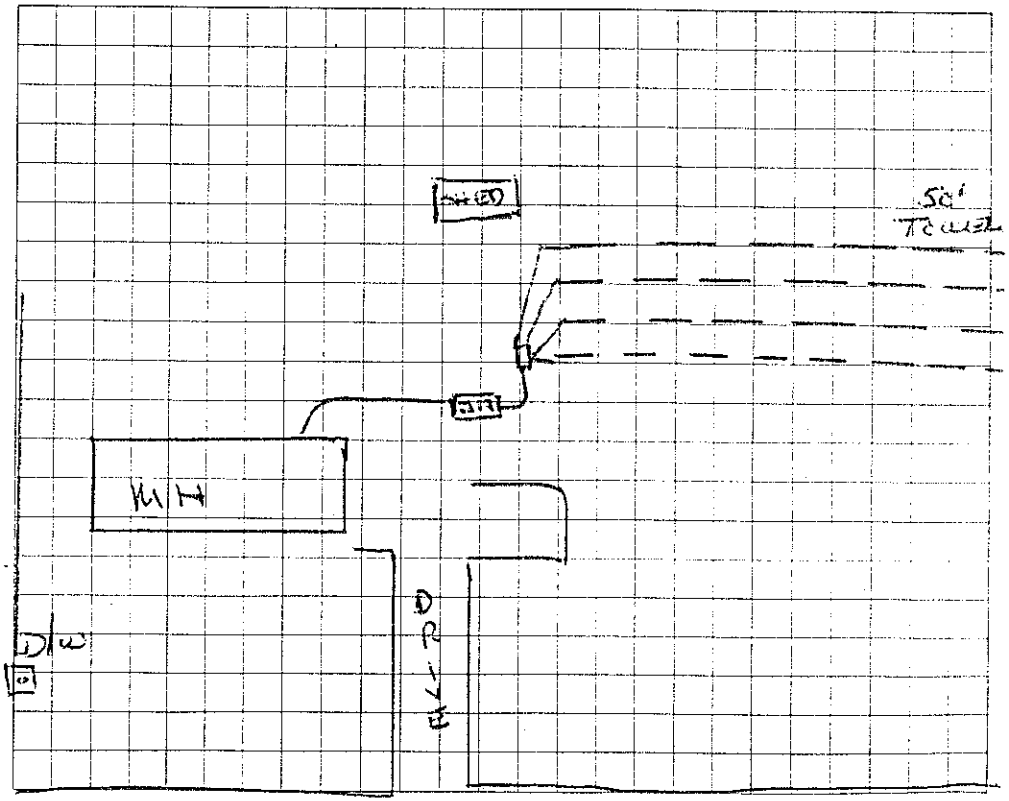
Other _____

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

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Wayne Allison

Certificate of Completion by: Wesley Sparks RS date _____

Operation Permit by: _____ date _____