4675076504

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. 06814S DATE 7/5/97 TAX MAP NO. 4675076504 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR MARIE MCCOMBS PHONE: Business _____ Home 663-1328

ADDRESS PO BOX 533 MOORESVILLE 28115

LOCATION 1365 TR ROCKY RIVER - TL VICK - AT END ON RT

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS. AS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons: PT ENG Date _____

Pump Make: EXIST Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 675 Linear Feet 270

No Lines 3 Trench Width — Max Trench Bottom Depth — Gravel Depth 10"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

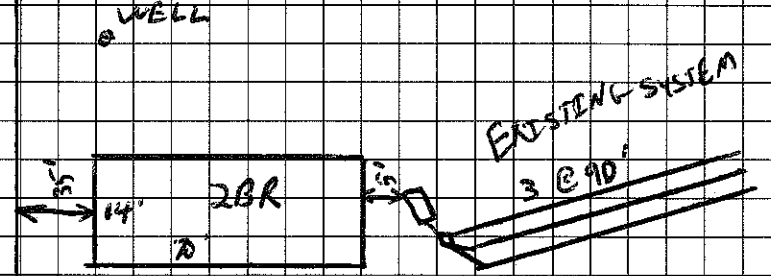
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: ONLY 2BR WILL BE MOVED ON LOT, BUT IS APPROVED FOR 3BR

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: Marie McCombs

Improvement Permit by: _____ date _____

Existing System Inspection by: C. [signature] date 7/5/97

Installed by: JULIAN BOWLES (6-16-77)

Certificate of Completion by: _____ date _____

Operation Permit by: C. [signature] date 7/5/97

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