4675226688

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. 24179 DATE July 10 '96 TAX MAP NO. 1EA97 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Gary Patterson PHONE: Business _____ Home 6631812

ADDRESS 1914 Cobble Creek Rd. Mocksville

LOCATION Cobble Creek Rd. S. ~3 miles on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA acreage SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .034

Septic Tank: 1000 Gallons; STB 825 Date 3/4/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity conventional

Repair System Description: Grav/pumped conv.

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

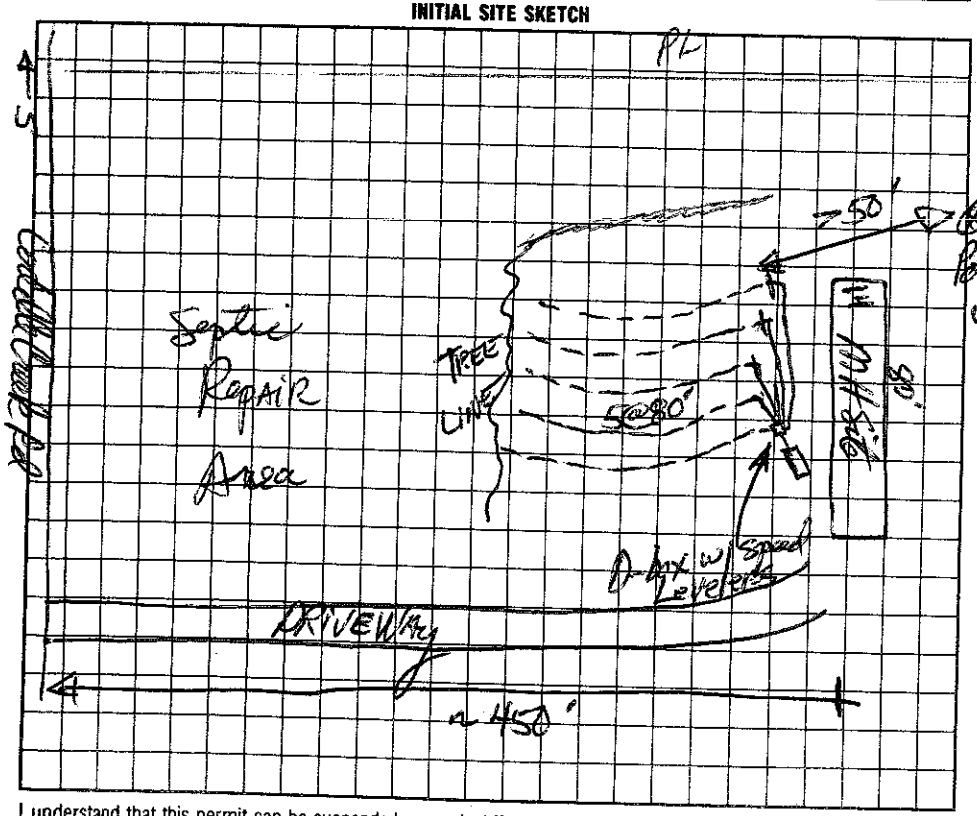
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

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.

Signed: Gary Patterson

Improvement Permit by: _____ date 7-10-96

Existing System Inspection by: _____ date 7-10-96

Installed by: Piedmont Septic

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 7/26/96

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