4677536582

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. 8816 DATE 7/28/93 TAX MAP NO. 16A4

OWNER OR CONTRACTOR VERNON E NANTZ PHONE: Business _____ Home 664-1214

ADDRESS BRUMLEY RD.

LOCATION BRUMLEY RD. 152E TR BRUMLEY RD ~1/4 MILE TR ON GRAVEL FIRST HOUSE ON L

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~1AC SITE CLASS. P L.T.A.R. .3

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 354 Date 2/9/93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 460

No. Lines 5 Trench Width 3' Trench Depth 3' Gravel Depth 12"

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

System Description: CONV - GRAVITY

Repair System Description: CONV - GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

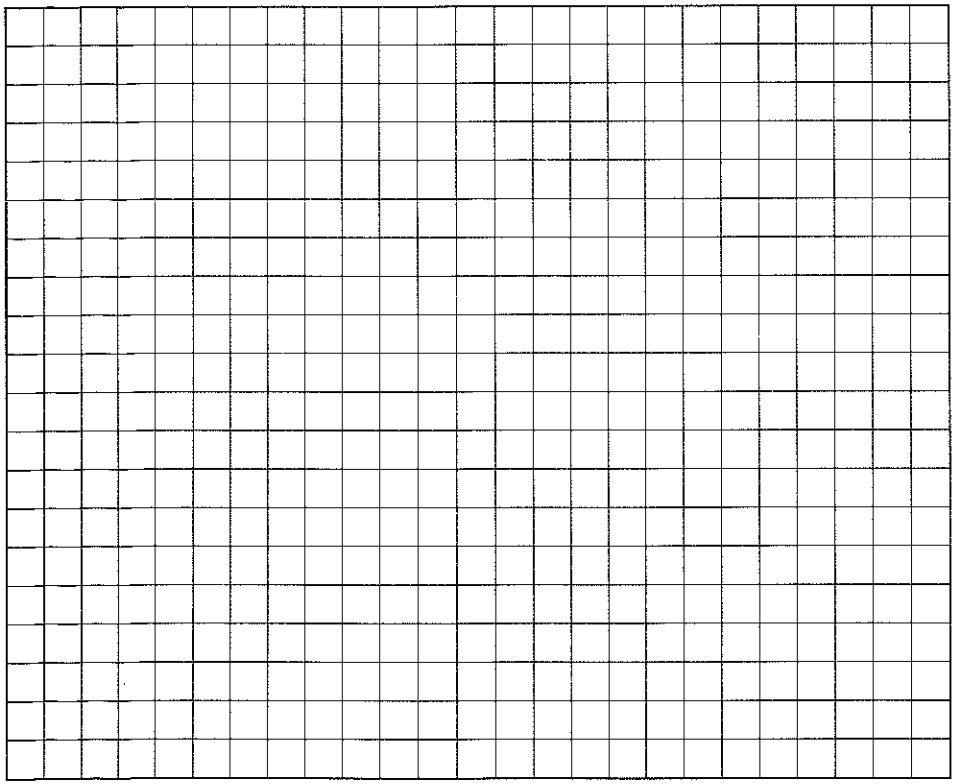
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

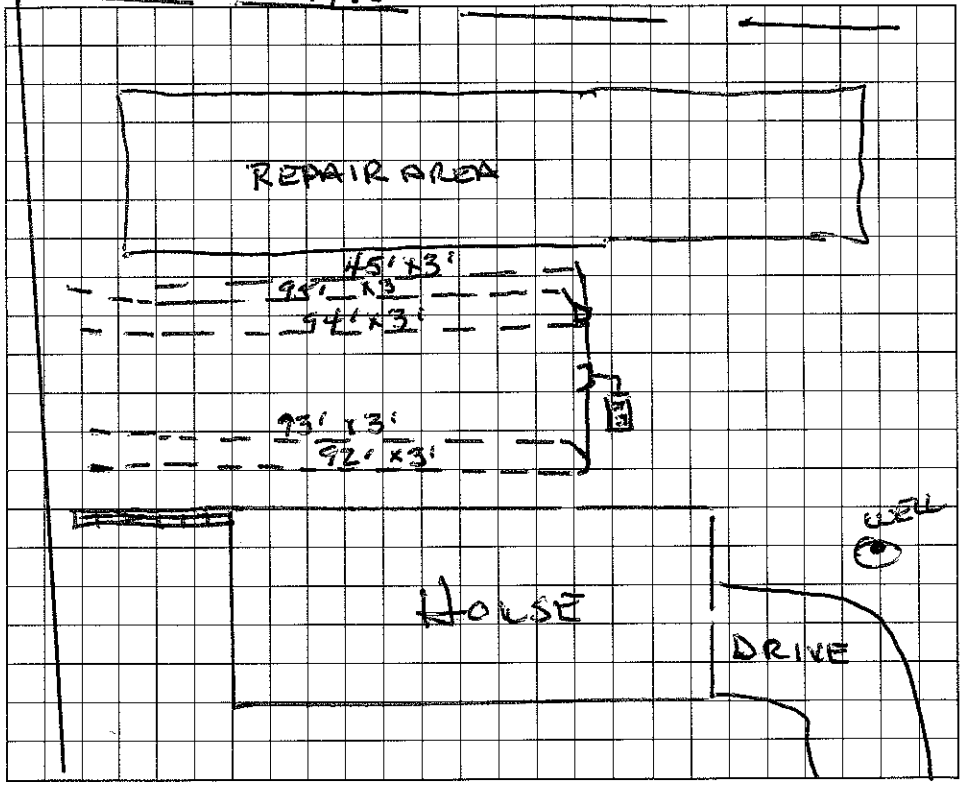
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments FLOW DIVIDERS AND 1 DIST BOX USED

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: _____ Installed by: Vernon E Nantz.

Improvement Permit by: _____ date _____ Certificate of Completion by: Wesley Sparks RS. date 7/28/93

Existing System Inspection by: _____ date _____ Operation Permit by: _____ date _____

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