IREDELL COUNTY HEALTH DEPARTMENT

74 WTH. TO CONSTRUCT

9:30

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 24948 DATE 9/16/96 TAX MAP NO. ~~1A-8~~ 1N-8-A-16 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR SHANNON LEE McINTOSH PHONE: Business 4677-58-3983 Home 892-3590

ADDRESS PO BOX 1961, DAVIDSON 28036

LOCATION 150E - ~~RR~~ TL OAKMEADOW - AT END ON RT

SUBDIVISION OAK MEADOWS BLOCK / SECTION ____ LOT 16 LOT AREA 2.93 AC SITE CLASS. RS DESIGN FLOW 300GPD L.T.A.R. .36 PD/FT²

Septic Tank: 1000 Gallons; STB 7994 Date 6/29/97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

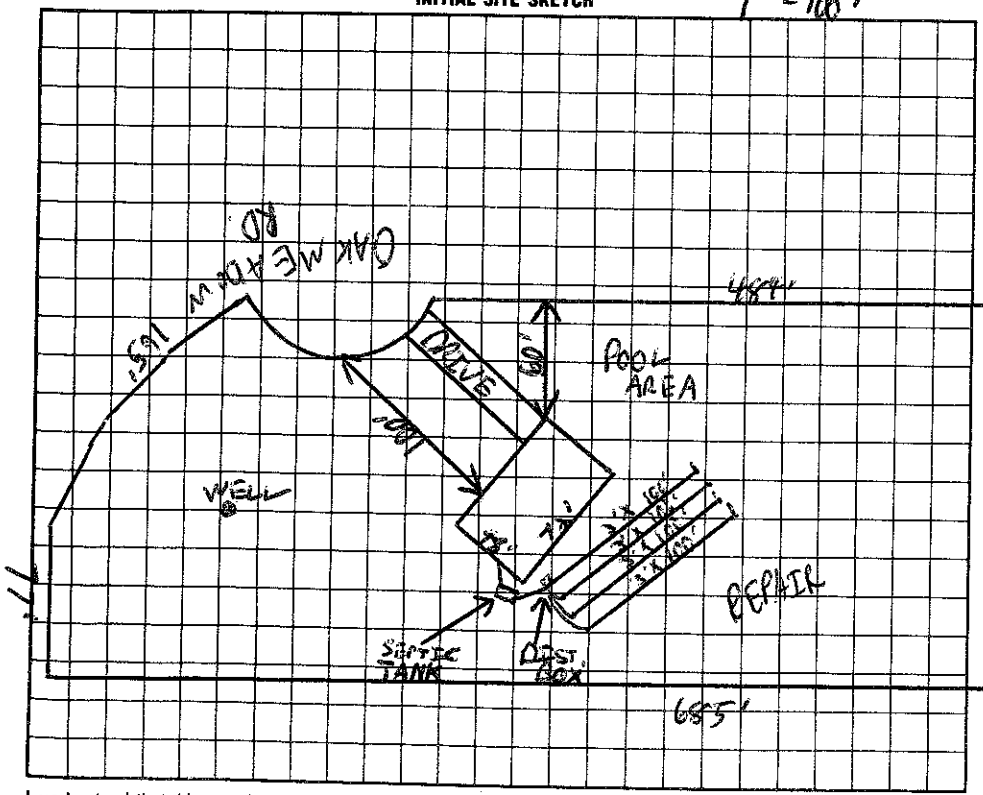
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

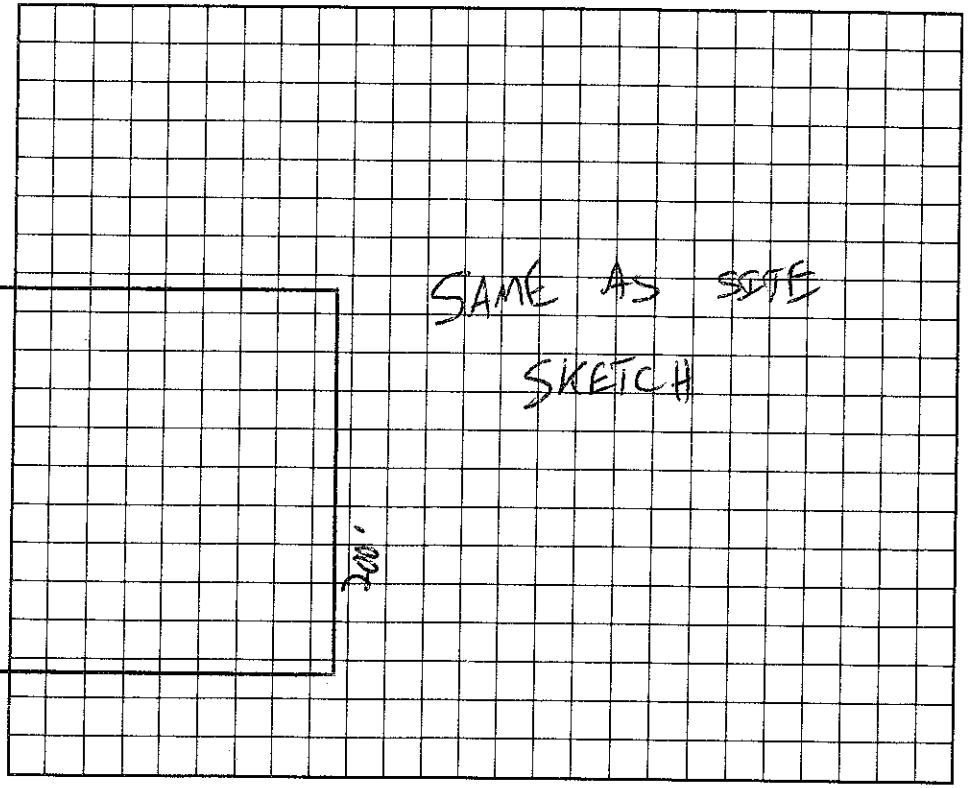
Comments:

Comments:

INITIAL SITE SKETCH 1" = 100'



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 Rebecca McIntosh

Improvement Permit by: C. Ray Thomas FIRST date 9/16/96

AUTHORIZATION TO CONSTRUCT ~~Existing System Inspection by:~~ C. Ray Thomas FIRST date 9/16/96

Installed by: WAYNE ORBISON

Certificate of Completion by: ____ date ____

Operation Permit by: C. Ray Thomas date 8/12/97

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