4678087077

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. 13771 DATE 6/14/93 TAX MAP NO. 4C A7

OWNER OR CONTRACTOR James A Brown PHONE: Business _____ Home 663-4072

ADDRESS 801 N

LOCATION 801 N across road on (L) from 2nd junkyard

SUBDIVISION NO BLOCK / SECTION _____ LOT NO LOT AREA ~2 acres SITE CLASS. P L.T.A.R. .4 Top 24"

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 1085 Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 3' Trench Depth 24-28" Gravel Depth 12"

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

System Description: CONV.

Repair System Description: _____

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 0 Auto. Washing Machine: ☑ Yes ☐ No

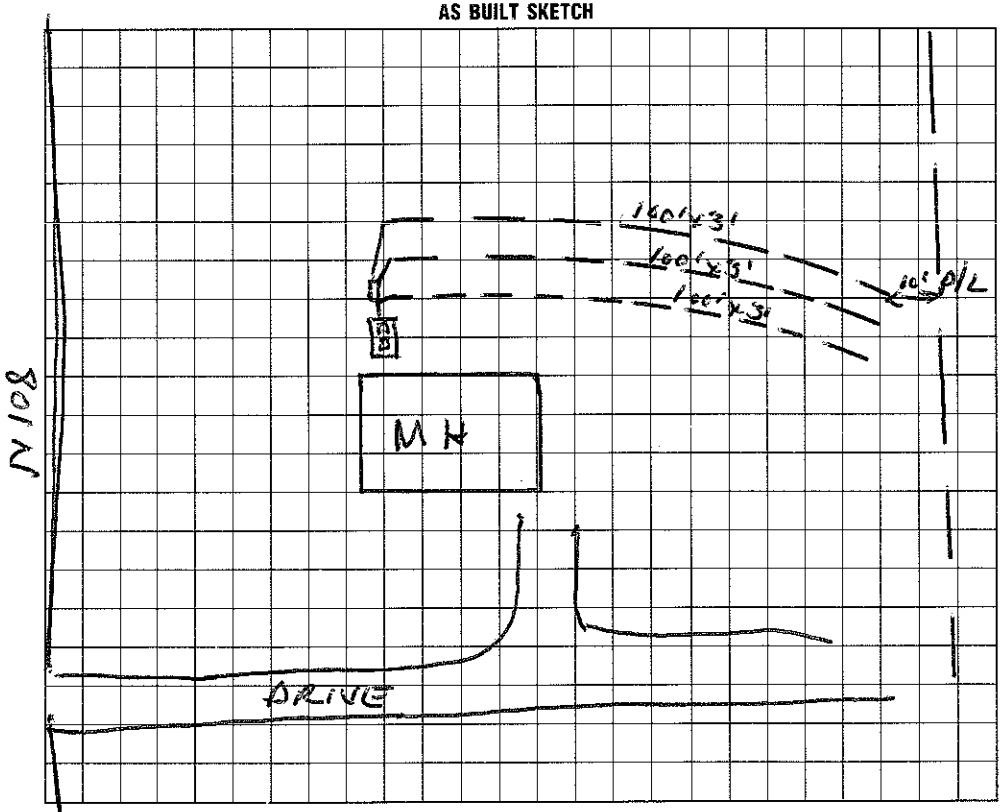
☐ Other _____ Other _____

☐ 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: James Brown / Larry Beam

Certificate of Completion by: Wesley Sparks RS. date 6/14/93

Operation Permit by: _____ date _____

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