IREDELL COUNTY HEALTH DEPARTMENT

Coast Auth

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

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

PROPERTY DESCRIPTION NO. 24449 DATE August 3, 96 TAX MAP NO. portof 8734 BB Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Bobby F. Travis PHONE: Business _____ Home 872-9870

ADDRESS PO Box 5457 Statesville

LOCATION Hwy 70W TL Shady Rest Rd. TR Gypsy Drive ~1000' on left

SUBDIVISION Shady Rest Acres BLOCK / SECTION _____ LOT 8 LOT AREA ~100' x 142' SITE CLASS. B DESIGN FLOW 240gpd L.T.A.R. no.35

Septic Tank: 1000 Gallons; STB 1012 Date 6-10-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 675 Linear Feet 225

No Lines 3@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Yard Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

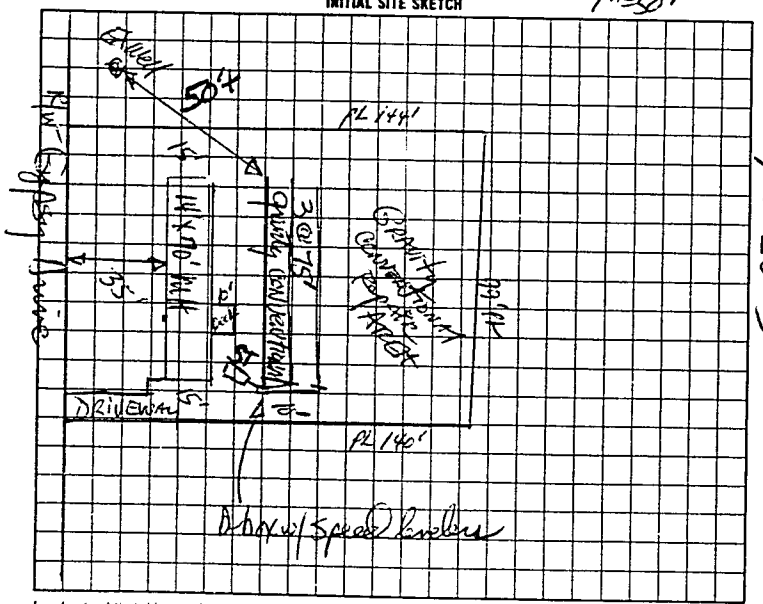
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

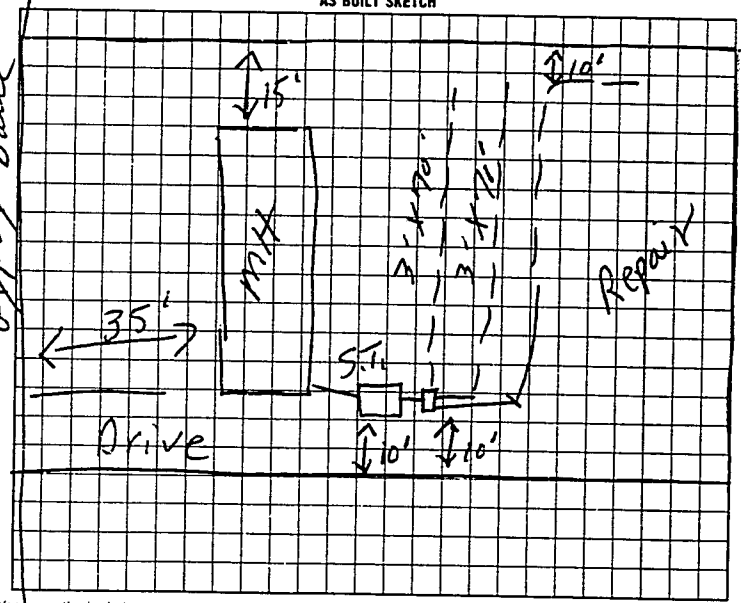
Comments:

Comments:

INITIAL SITE SKETCH 1"=50'



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 Bobby F. Travis

Improvement Permit by _____ date 8-3-96

Construction Authorization by _____ date 8-3-96

Installed by: Esker Elter

Certificate of Completion by: _____ date _____

Operation Permit by: F.C. Moore date 9-18-96

APPLICANT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD