IREDELL COUNTY HEALTH DEPARTMENT

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

61770

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

PROPERTY DESCRIPTION NO. 23730 DATE 5-15-96 TAX MAP NO. 8T-4-A-12 (PART OF) Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR CHARLES & CLARA CAWTHON PHONE: Business _____ Home (540) 562-0704

ADDRESS 3105 EMBASSY DR. ROANOKE, VA 24019

LOCATION NC 90 W, TL LIZARD FARM ROAD, TR MASSEY DEAL ROAD, LOT ON RIGHT

SUBDIVISION FLINT RIDGE BLOCK / SECTION _____ LOT 12 LOT AREA ≥20,000 SQ FT SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 6-10-96

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 18-36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

~~☐ Income Home~~ No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

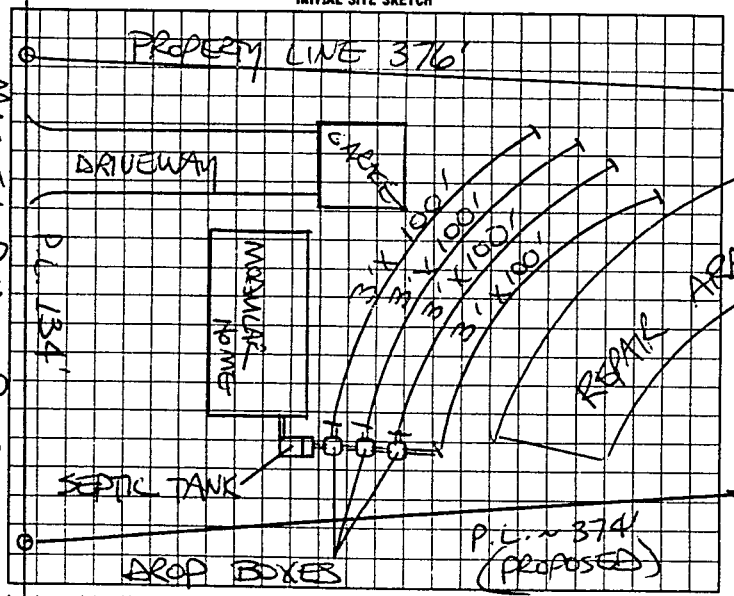
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed _____

Improvement Permit by: STEVE HEDRICK date 5-15-96

~~Existing System~~ AUTHORIZATION TO CONSTRUCT Inspection by: STEVE HEDRICK date 5-15-96

Installed by: BILLY GRIMES

~~Certificate of Completion by~~ _____ date _____

Operation Permit by STEVE HEDRICK date 8-14-96

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

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