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. ~~3750061819~~ DATE 5-12-97 TAX MAP NO. 3N-H-A-12 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR B. Jean Swan PHONE: Business _____ Home _____

ADDRESS Hall Gray Rock Dr.

LOCATION Buffalo Shoals TR Gray Rock 1/4mi Rt

SUBDIVISION Gray Rock BLOCK / SECTION _____ LOT 12 LOT AREA 132 X 300 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: Gravity Chambers

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

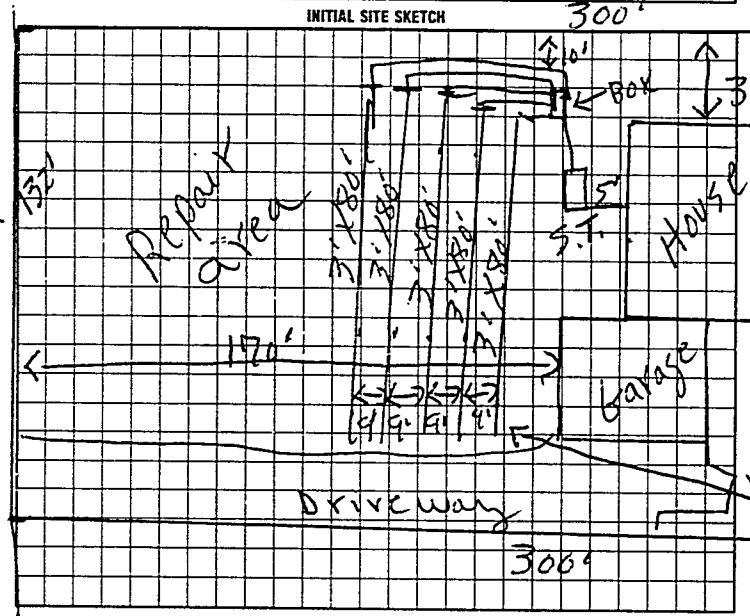
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

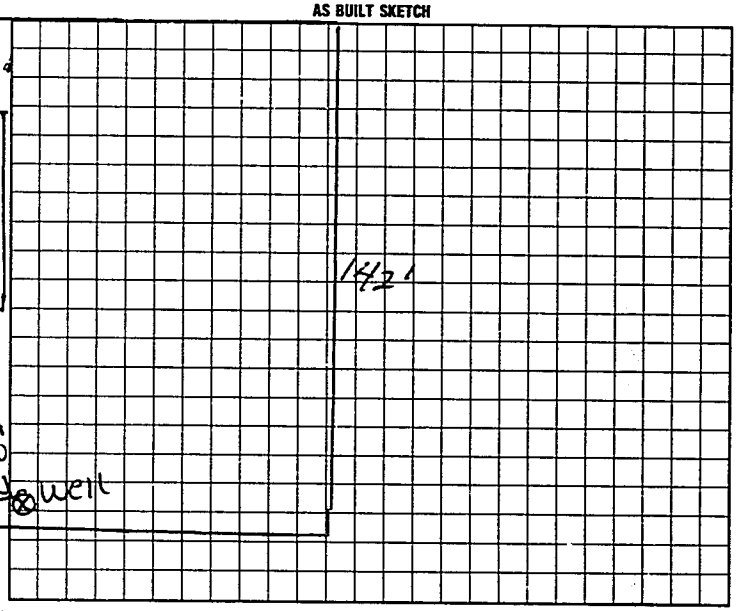
Comments:

Comments:

INITIAL SITE SKETCH



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: B. Jean Swan

Improvement Permit by: L. C. Moore date 5-12-97

Authorization: L. C. Moore date 5-12-97

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW

Installed by: F. J. Ervin

Certificate of Completion by: _____ date _____

Operation Permit by: L. C. Moore date 5-12-97

INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

to count. Authorization to count Expires 60 mos from issue

188200