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. 25485 DATE 11-18-96 TAX MAP NO. 3N-4-A-6 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR High Shoals Development PHONE: Business 873 2121 Home WSIV CA

ADDRESS 1805 Sigrist Rd

LOCATION Buffalo Shoals TR Grey Rock Dr. 700' on rt

SUBDIVISION Grey Rock BLOCK / SECTION ____ LOT 6 LOT AREA ____ SITE CLASS. Poor DESIGN FLOW 480 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 794 Date 3-11-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

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: Conv. Gravity

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

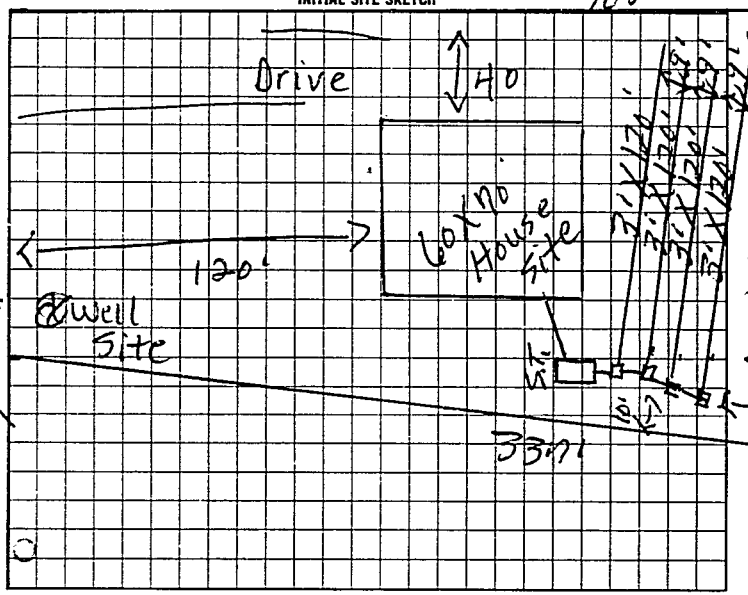
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

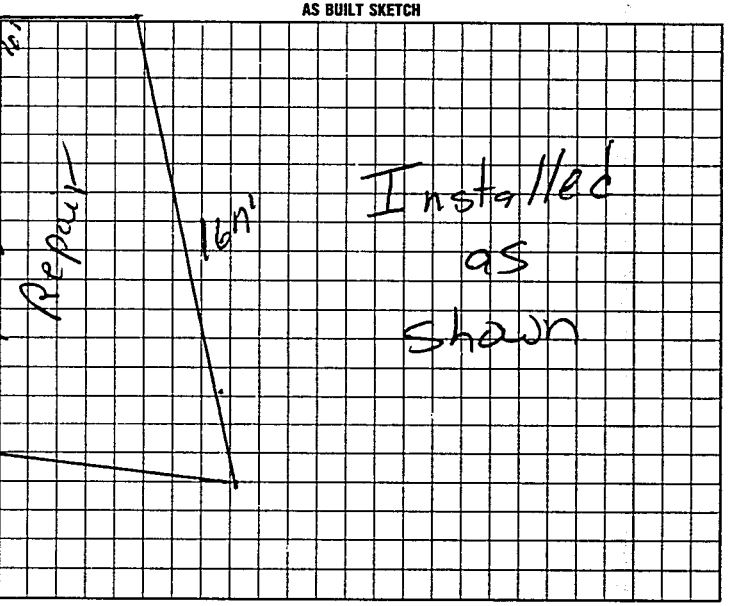
Comments:

Comments:

INITIAL SITE SKETCH



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: [signature] V.P

Improvement Permit by: L.C. Moore date 11-18-96

~~Authorization to Install Existing System Inspection~~ L.C. Moore date 11-18-96

to Const.

Installed by: Tim Ammons

Certificate of Completion by: ____ date ____

Operation Permit by: [signature] RS date 6-23-97

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

authorization to Const. Expires 6 mos from issue

25100