61773

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. 23959 DATE 6-20-96 TAX MAP NO. 8A-A-3 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Don Anderson PHONE: Business _____ Home 873 3908

ADDRESS 218 Black Road

LOCATION Old mtn Rd Turn Celeste Eufola TL Black Rd approx 3/4mi TR back off Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1+ Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: _____
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

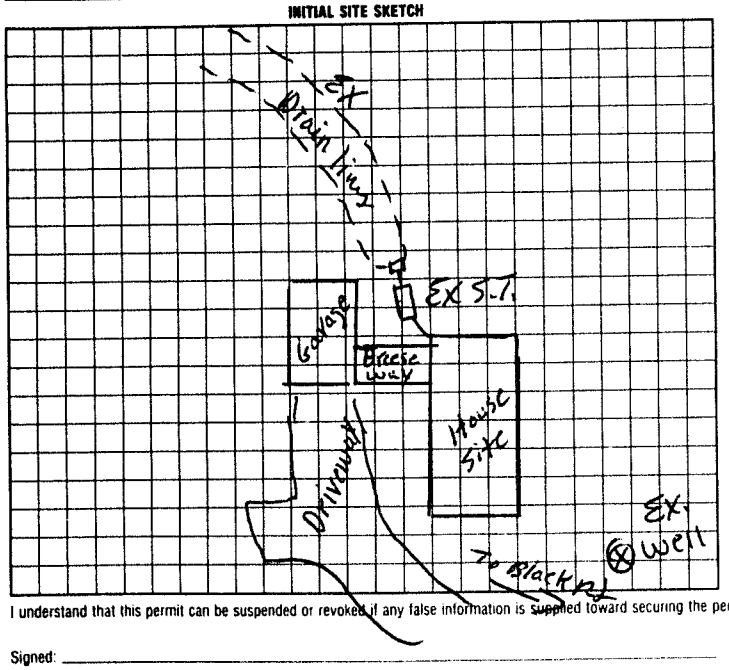
☐ House/Mod. Home No. Bedrooms ___
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☐ Public

Comments:

Comments: Adding upstairs To Basement of House

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: R. C. Moore date 6-20-96

Installed by _____

Certificate of Completion by _____ date _____

Operation Permit by _____ date _____

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