9:30

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 022090

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

PROPERTY DESCRIPTION NO. 22091 DATE 9-12-95 TAX MAP NO. 8K-12-A-2 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Bob Compton PHONE: Business _____ Home 872-2957

ADDRESS 123 Rockwood Lane Statesville, N.C.

LOCATION 70 w TL oltmtn Rd TL Bethlehem Rd TL Happy Lane 2nd lot on Rt

SUBDIVISION Garden Park BLOCK / SECTION _____ LOT 2 LOT AREA 108X200' SITE CLASS. R3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 1-20-96
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 Distribution
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

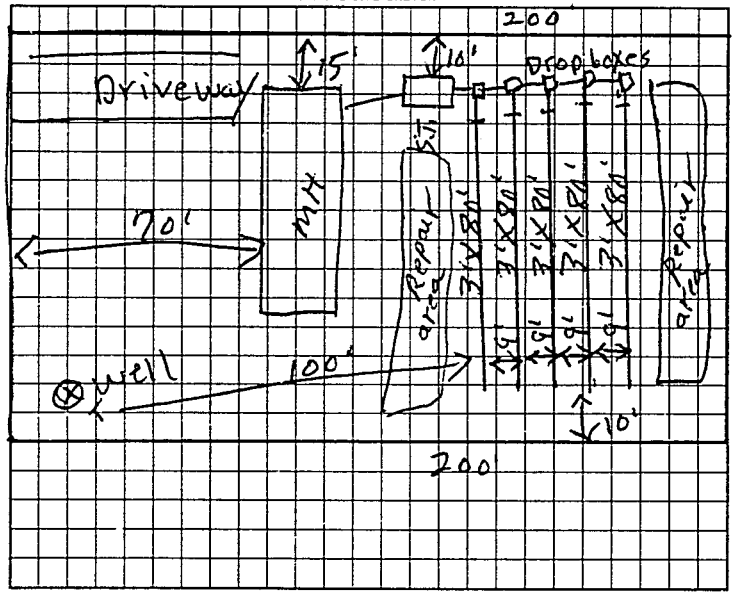
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☑ Individual
☐ Community
☐ Public

Comments:

Comments:

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: + Bob Compton

Improvement Permit by: L.C. Moore date 9-12-95

Existing System Inspection by: _____ date _____

Installed by: Barry Sigmon Const.

Certificate of Completion by: _____ date _____

Operation Permit by: L.C. Moore date 3-27-96

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

LL6200