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. 18184 DATE 4/6/94 TAX MAP NO. 8T-3-A-35 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR MELVIN WITMER PHONE: Business Home (216) 667-3729

ADDRESS P.O. BOX 194, SMITHVILLE, OH 44677

LOCATION NC 90W, TL WOODBRIDGE, TR DELAWARE, TR WEST RIDGE, 4TH LOT ON (R)

SUBDIVISION WEST RIDGE BLOCK / SECTION II LOT 35 LOT AREA 0.56/6 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 799 Date 6/10/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 4 Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

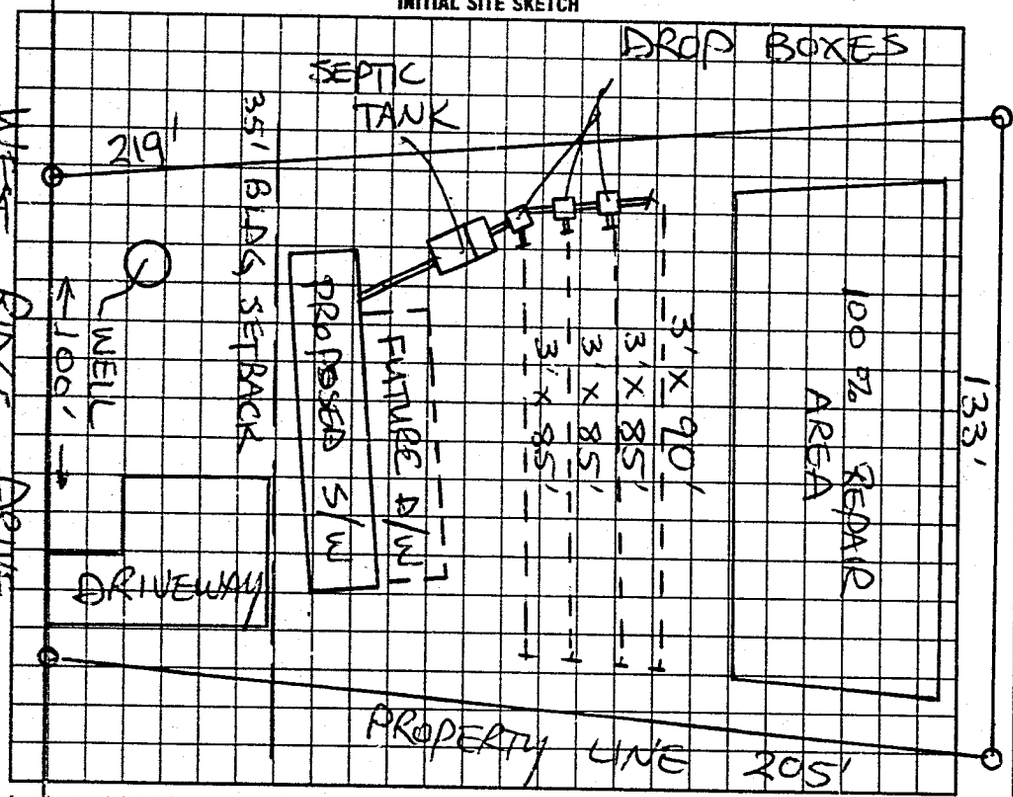
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: (1) KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROP. LINE, 55' FROM WELL (MAX. FEASIBLE DISTANCE NOT LESS THAN 50') (2) INSTALL BOTTOM OF NITRIFICATIONS LINES TO FOLLOW CONTOUR OF GROUND, NO DEEPER THAN 28", 9' O.C

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: x Melvin Witmer

Improvement Permit by: STEVE HEDRICK date 4/6/94

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 8/10/94

Operation Permit by: _____ date _____

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