# 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. 18183 DATE 4/7/94 TAX MAP NO. 8T-3- A-34 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR MELVIN WITMER PHONE: Business Home (216) 669-3729

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

LOCATION NC 90 W, TL WOODBRIDGE, TR DELAWARE, TR WEST RIDGE, 5TH LOT ON (R)

SUBDIVISION WEST RIDGE BLOCK / SECTION II LOT 34 LOT AREA 0.7094 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7/28/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

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: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

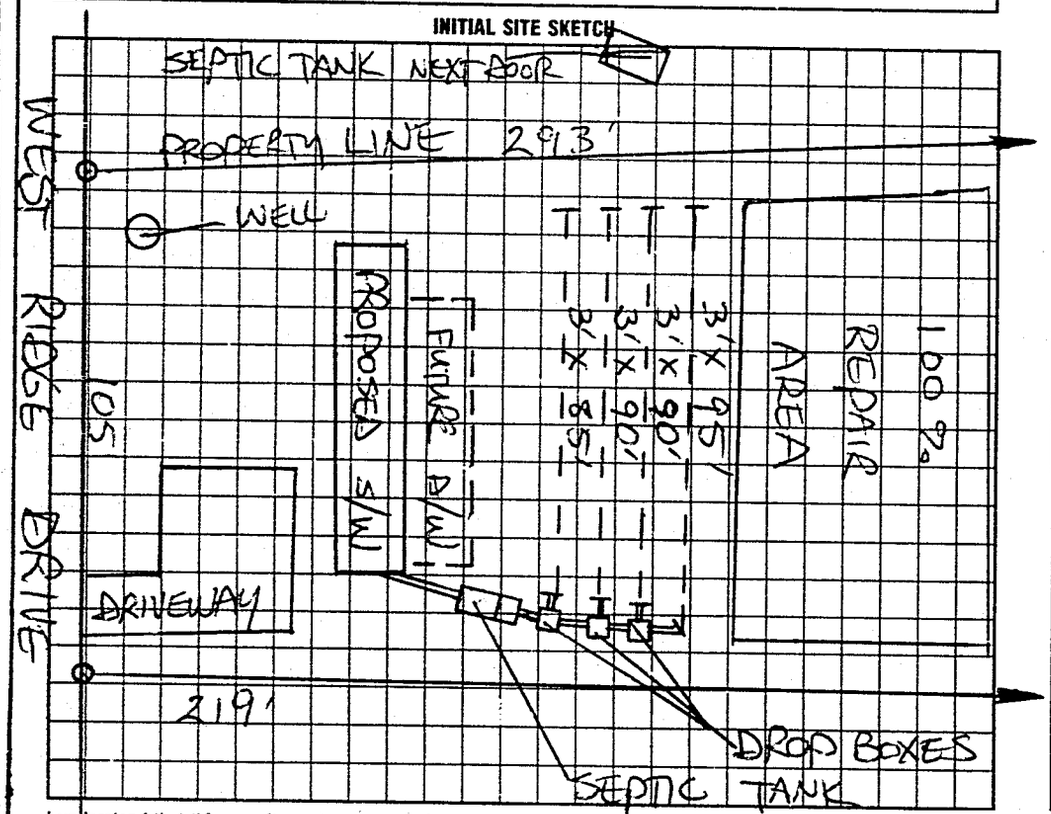
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

Comments (1) KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM P.L. 100' FROM WELL (2) INSTALL LINES ON CONTOUR NO DEEPER THAN 28", 9' APART ON CENTER

Comments:

INITIAL SITE SKETCH




AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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: Melvin Witmer

Improvement Permit by: STEVE HEDRICK date 4/7/94

Existing System Inspection by: _____ date _____

Installed by: DONALD LACKEY

Certificate of Completion by: STEVE HEDRICK date 10/12/94

Operation Permit by: _____ date _____

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

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