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. 18181 DATE 4/8/94 TAX MAP NO. 8T-3-A-29 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR MELVIN WITMER PHONE: Business Home (219) 669-3729

ADDRESS P.O. BOX 194 SMITHVILLE, OH 44677

LOCATION NC 90W, TL WOOD BRIDGE RD, TR DELAWARE, TR WEST RIDGE DR, 10TH LOT ON (R)

SUBDIVISION WEST RIDGE BLOCK / SECTION II LOT 29 LOT AREA 0.704 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7/29/93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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: CONVENTIONAL GRAVITY

Repair System Description: LPP // CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

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

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

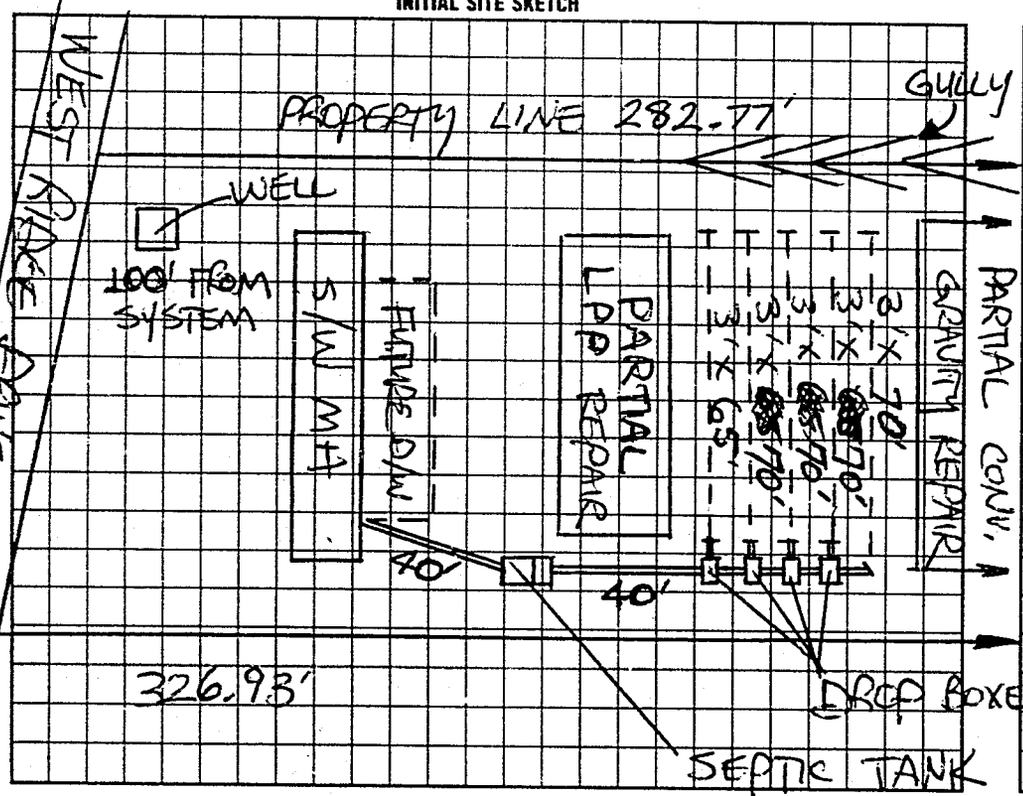
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: ① CONTACT HEALTH DEPT. PRIOR TO INSTALLATION TO FLAG OUT LINES AFTER LOT IS CLEARED ② KEEP SYSTEM MINIMUM 100' FROM WELL

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 4/8/94

Existing System Inspection by: _____ date _____

Installed by: DONALD LACKEY

Certificate of Completion by: STEVE HEDRICK date 10/11/94

Operation Permit by: _____ date _____

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