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. 18180 DATE 4/11/94 TAX MAP NO. 8T-3-A-26/27

OWNER OR CONTRACTOR MELVIN WITMER PHONE: Business Watershed: ☐ Yes ☒ No

ADDRESS P.O. Box 194, SMITHVILLE, OH 44677 Home (216) 669-3729

LOCATION NC 90 W, TL WOODBRIDGE, TR DELAWARE, TR WESTRIDGE, 12th ½ 13th LOT ON (R)

SUBDIVISION WESTRIDGE BLOCK / SECTION II LOT 26/27 LOT AREA 1.5668 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7/9/94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 6 5 Trench Width 36" Max Trench Bottom Depth 24 36

☑ 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

Gravel Depth 12"

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

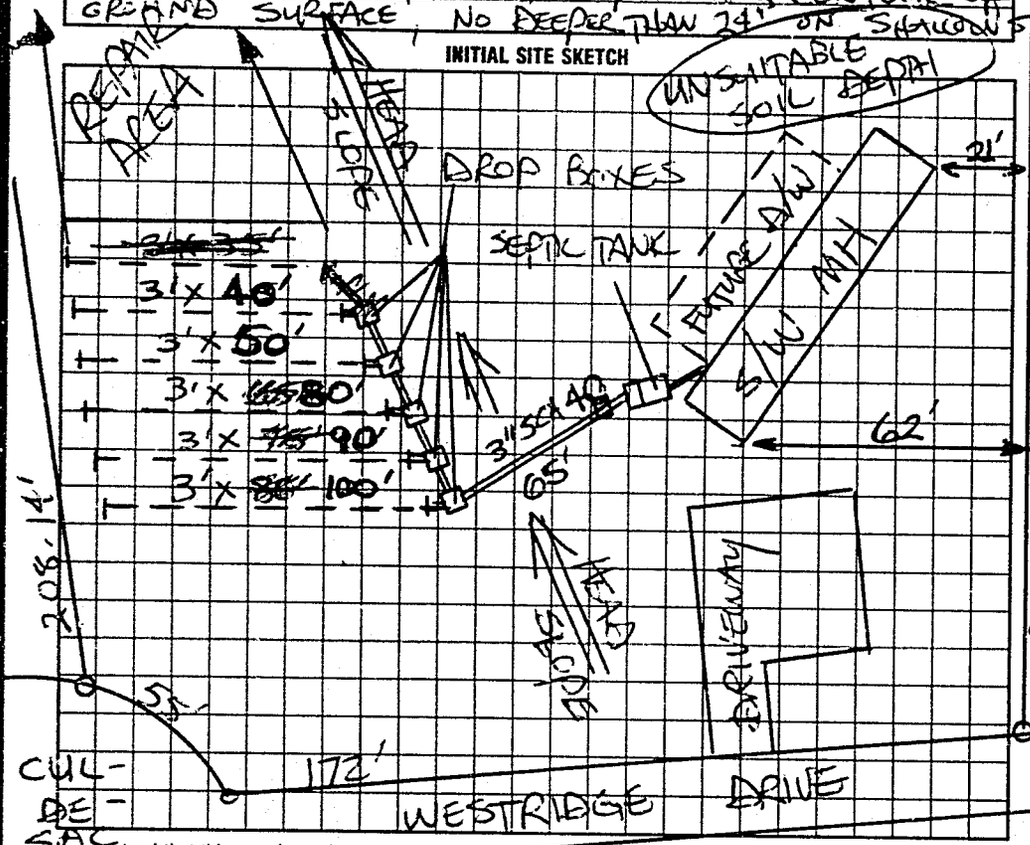
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public
WELL

Comments: (1) KEEP SYSTEM MINIMUM 10' FROM PROPERTY LINE, MAX FEASIBLE DISTANCE FROM WELL NOT LESS THAN 50' (2) INSTALL LINES FOLLOWING CONTOUR OF GROUND SURFACE, NO DEEPER THAN 24" ON SHALLOW SIDE

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: Melvin Witmer

Improvement Permit by: STEVE HEDRICK date 4/11/94

Existing System Inspection by: ____ date ____

Installed by: DONALD LACKEY

Certificate of Completion by: STEVE HEDRICK date 9/26/94

Operation Permit by: ____ date ____

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