4/9/94

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. 16637 DATE 7/9/93 TAX MAP NO. 9E-A-25

OWNER OR CONTRACTOR TAMMY L. JONES PHONE: Business Home 838-0098

ADDRESS RT. 5, BOX 176-A, STATESVILLE NC 28677

LOCATION NC 90 W, TR JUST BEFORE FOOTHILLS DRIVE, 2ND MH ON (L)

SUBDIVISION BLOCK / SECTION LOT 2 LOT AREA LIMITED SITE CLASS PS L.T.A.R EXISTING

Water Supply: ✓ Individual ☐ Community ☐ Public WELL

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Nitrification Field: No Fields Square Feet Linear Feet EXISTING

No Lines Trench Width Trench Depth Gravel Depth

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

System Description: CONV. GRAVITY

Repair System Description:

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

Garbage Disposal: ☐ Yes ✓ NO

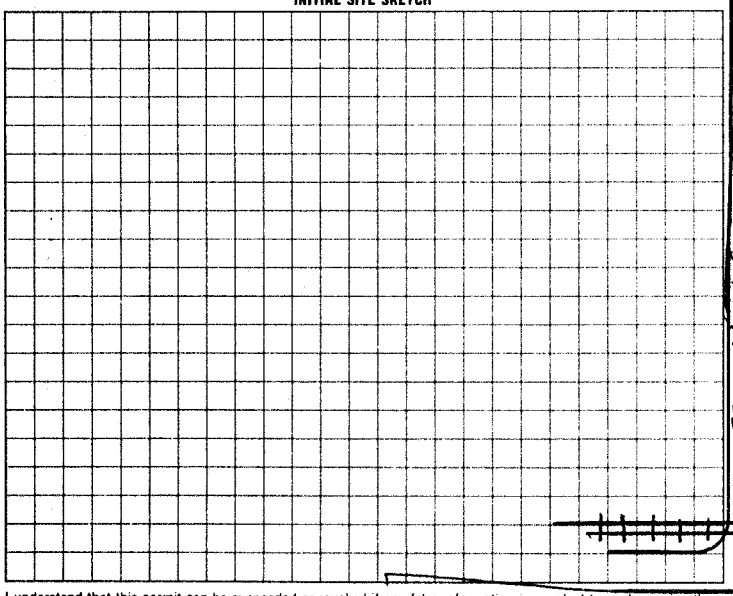
Auto. Dishwasher: ~~✓ Yes~~ ☐ No

Auto. Washing Machine: ✓ Yes ☐ No

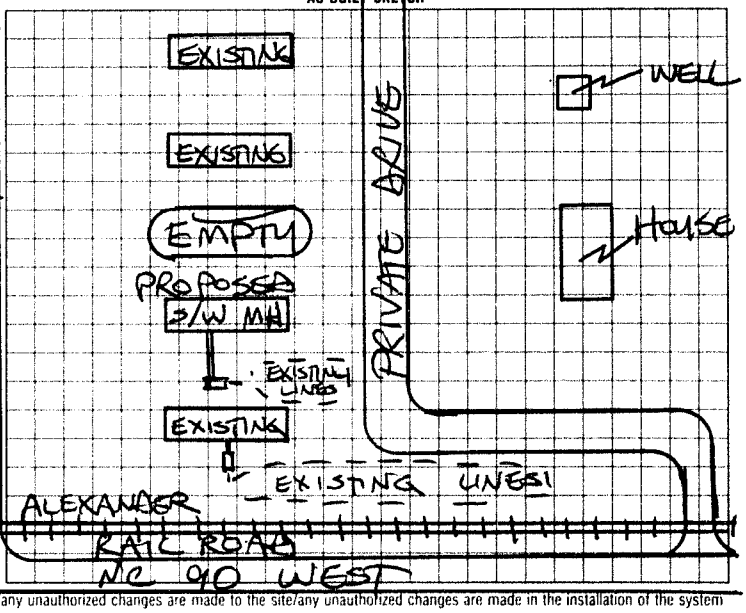
Other

Comments ① KEEP MH MINIMUM 5' FROM SYSTEM

INITIAL SITE SKETCH



AS BUILT 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:

Improvement Permit by: date

Existing System Inspection by: STEVE HEDRICK date 7/9/93

Installed by

Certificate of Completion by date

Operation Permit by date

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