#60335

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. 15665 DATE 9-25-96 TAX MAP NO. 9P-A-81 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Allen Ronald Jones PHONE: Business _____ Home 878-8626

ADDRESS 300 Redwood St. Statesville NC 28677

LOCATION _____

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.4 ac SITE CLASS. A/S DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 794 Date 8-20-96
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 3 Trench Width 36in Max Trench Bottom Depth 36' Gravel Depth 12in

☒ New System ☐ Repair System Type: ☐ I ☒ III, IV, V, VI
System Description: Conventional Gravity
Repair System Description: Conventional Gravity
Maintenance Agreement Required: ☐ Yes ☒ No

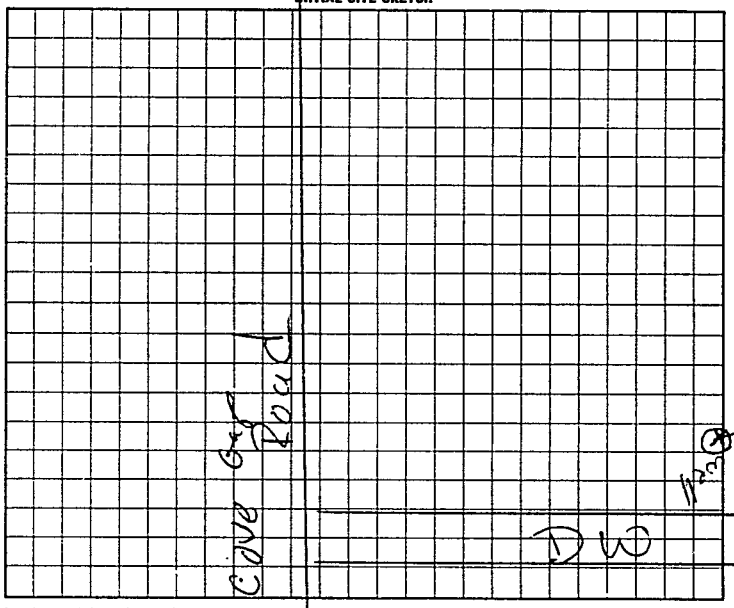
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

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

Water Supply:
☒ Individual
☐ Community
☐ Public

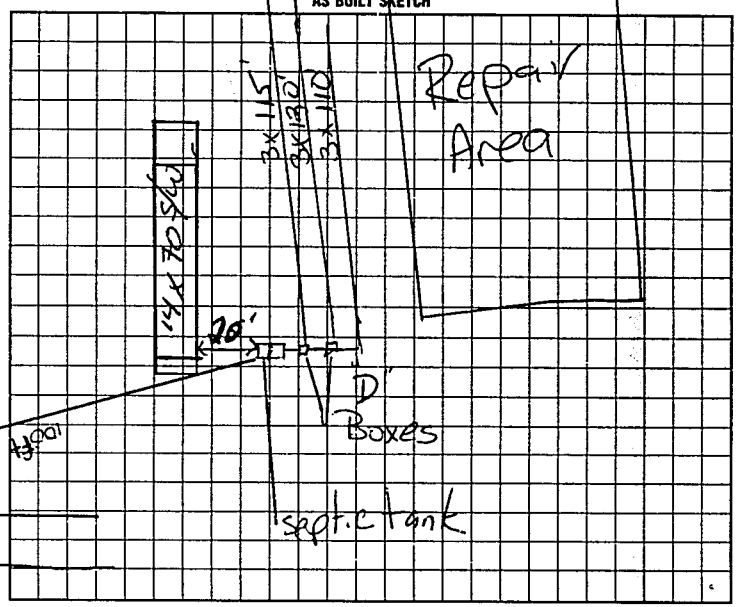
Comments:

INITIAL SITE SKETCH



Comments:

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.

Signed: _____ Installed by: A-1 Backhoe

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: _____ date _____ Operation Permit by: Mark C Oaks RS date 9-25-96

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

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