IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

46893

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 15971 DATE 11-24-93 TAX MAP NO. 3E-2-(13,14,15)

OWNER OR CONTRACTOR Charles M Reves PHONE: Business _____ Home 876-4475 Watershed: ☐ Yes ☑ No

ADDRESS _____

LOCATION From Troutman take Perth Rd TR State Park Rd TR Hicks Creek Rd TL Old Spring Way Rd. Lot on R at end.

SUBDIVISION Cedarwood BLOCK / SECTION _____ LOT 13,14,15 LOT AREA ≈400' x ≈450' SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 8-21-93
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 36" Max Trench Bottom Depth 30"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conventional, gravity fed.
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

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

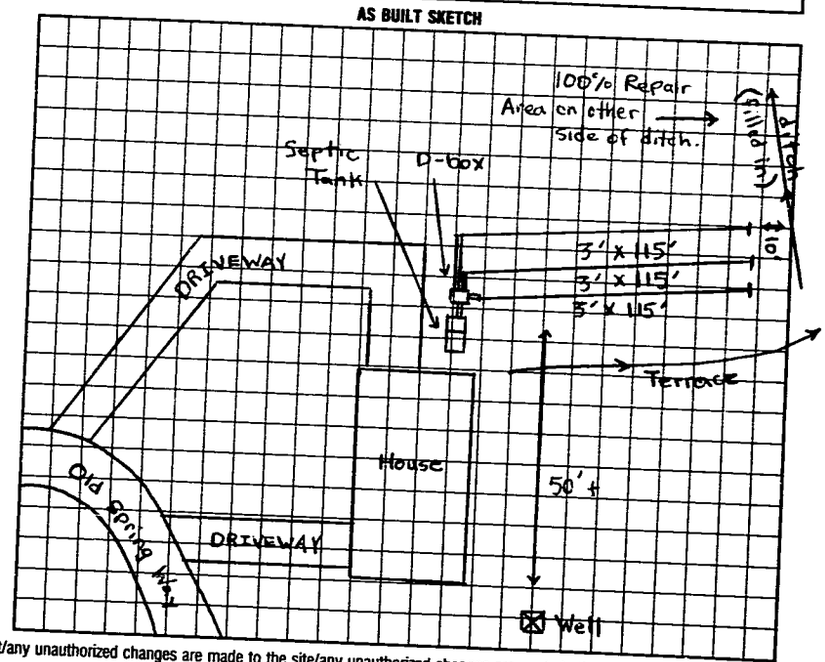
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: 100% Repair Area on beyond ditch. Partial Repair Area below system. small dry ditch at end of lines filled in. Terrace left above system to allow drainage around 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: Michael J. Dennis date 4-8-93

Existing System Inspection by: _____ date _____

Installed by: Wes Lytton

Certificate of Completion by: Michael J. Dennis date 11-24-93

Operation Permit by: _____ date _____

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