# 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. 067609 DATE 7/1/97 TAX MAP NO. 4721918086 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR EARNEST JOSEY PHONE: Business _____ Home 876-2922

ADDRESS 1606 TURNERS BURN RD - STATESVILLE NC 28677

LOCATION EAST MOMBO - TL HICKS CREEK - 1/4 MILE ON LT.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.00 SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .3 GAD/FT²

Septic Tank: 1000 Gallons; STB 821 Date 7-1-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: PUMP CHAMBERED

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

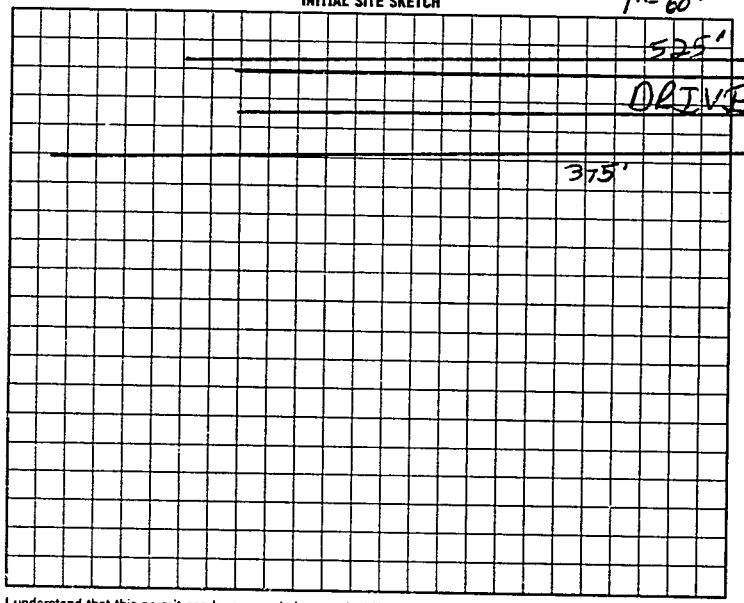
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

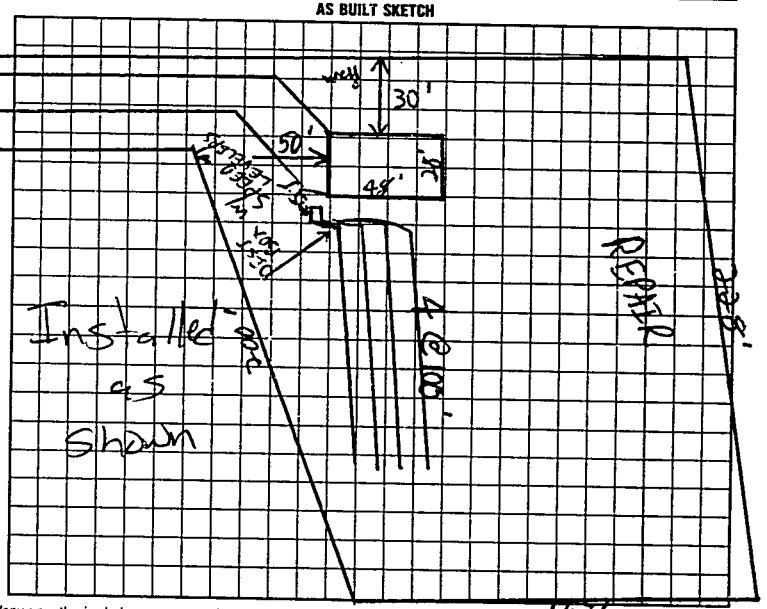
Comments:

Comments:

INITIAL SITE SKETCH 1"=60'




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 7/1/97

Existing System Inspection by: _____ date 7/1/97

Installed by: G+M Enterprises

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 8-1-97

TO CONSTRUCTION AUTHORIZATION

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