47130

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. 16181 DATE 7-23-93 TAX MAP NO. 6C-B-57

OWNER OR CONTRACTOR Archie Johnson PHONE: Business _____ Home _____

ADDRESS _____

LOCATION I40W TL Old Mtn. Rd. Lot on L across from Troutman Farm Rd.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P.S. 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 1 Square Feet 375 Linear Feet 125'

No Lines 1 Trench Width 36" Trench Depth 24-36" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms _____ Garbage Disposal: ☐ Yes ☐ No

☐ Mobile Home No. Bathrooms _____ Auto. Dishwasher: ☐ Yes ☐ No

☐ Business No. Employees _____ Auto. Washing Machine: ☐ Yes ☐ No

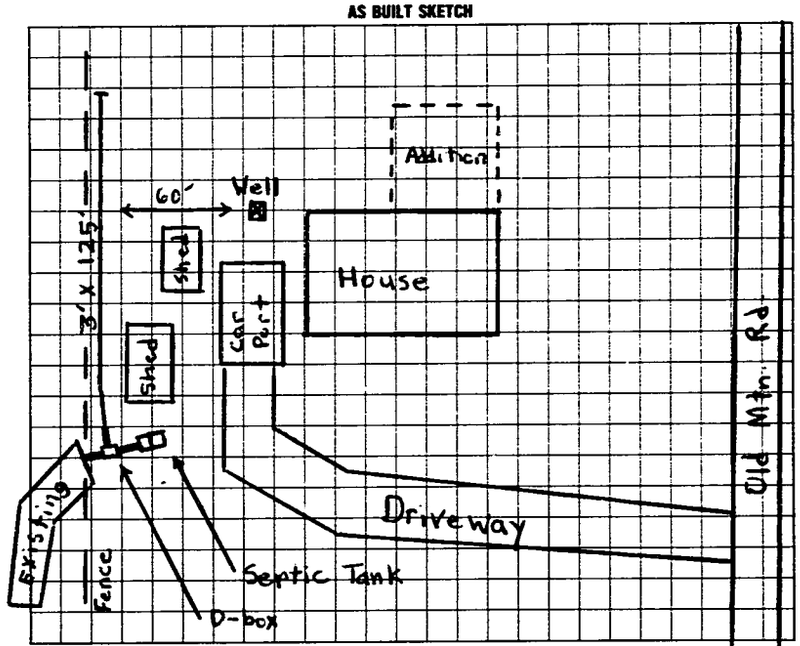
☐ Other _____ Other _____

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

Comments Installed New Sanitary tee, and set new D-box.

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 4-22-93

Existing System Inspection by: _____ date _____

Installed by: Wes Lytton

Certificate of Completion by: Michael J. Dennis date 7-23-93

Operation Permit by: _____ date _____

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