46702

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. 16022 DATE 6-1-93 TAX MAP NO. 8K-9-A-9

OWNER OR (CONTRACTOR) Bill Ellenburg Blds. / Mike Stone PHONE: Business 528-6251 Home

ADDRESS

LOCATION I40W Tl Old Mtn. Rd. Tl Ridge Dr. (Spring Meadows) TR Garrison Dr. 2nd lot on R

SUBDIVISION Spring Meadows BLOCK / SECTION LOT 9 LOT AREA 171' x 225' SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well

Septic Tank: 1000 Gallons; STB 1210 Date 3-25-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 4 Trench Width 36 Trench Depth 36" Gravel Depth 12"

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

System Description: Conventional, gravity fed.

Repair System Description: Pump to conventional

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

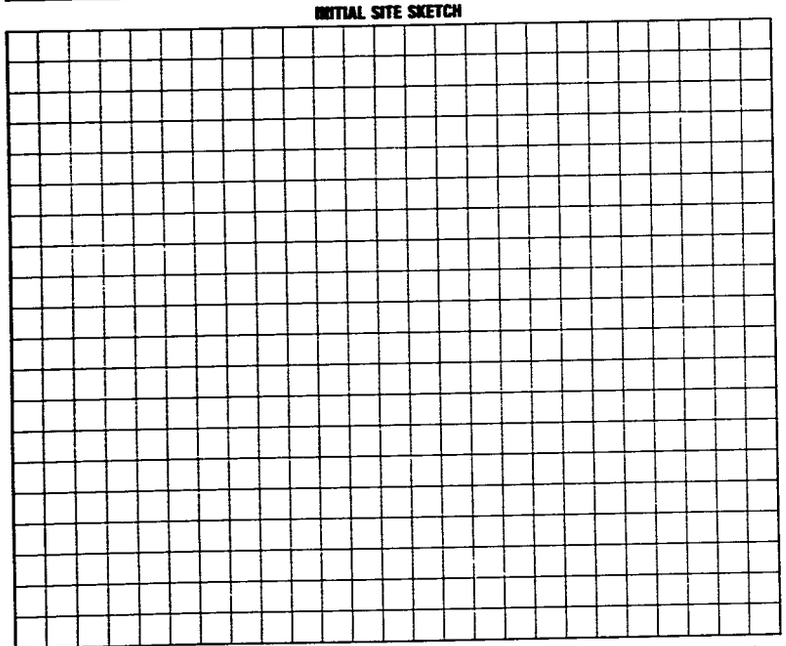
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

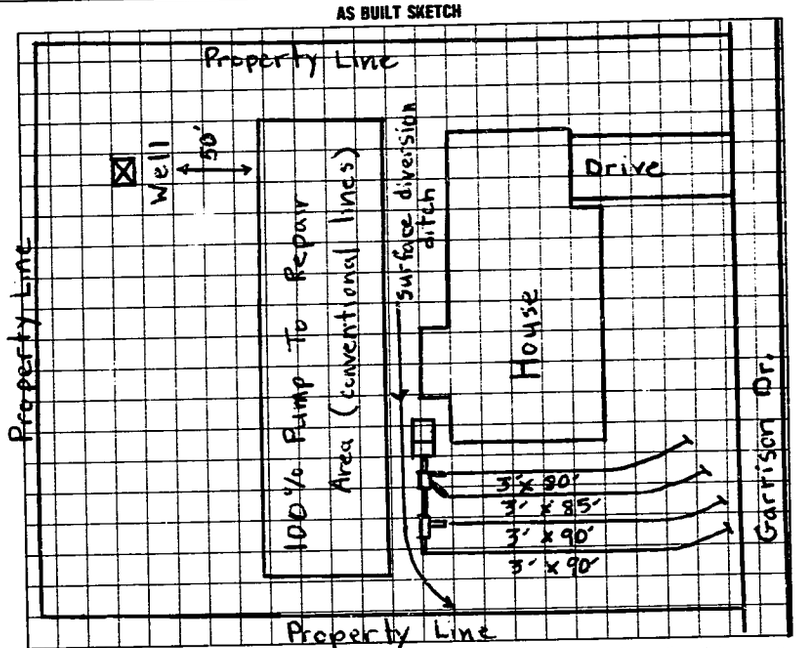
Other

Comments 100% Pump to Repair (conventional)

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 3-25-93

Existing System Inspection by: date

Installed by: James Hudler

Certificate of Completion by: Michael J. Dennis date 6-1-93

Operation Permit by: date

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