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. _____ DATE 5-2-96 TAX MAP NO. _____ Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Toney Fox PHONE: Business _____ Home 872-3974

ADDRESS 806 Creekridge Dr.

LOCATION 90 W Turn on 70 W TR Westminster Turn on Westover to Creekridge

SUBDIVISION Westover BLOCK / SECTION _____ LOT 73 LOT AREA 1/2 acre SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 450 Linear Feet 150

No Lines 3 Trench Width 36 Max Trench Bottom Depth 36

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

System Description: _____

Repair System Description: Gravity Chambers

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

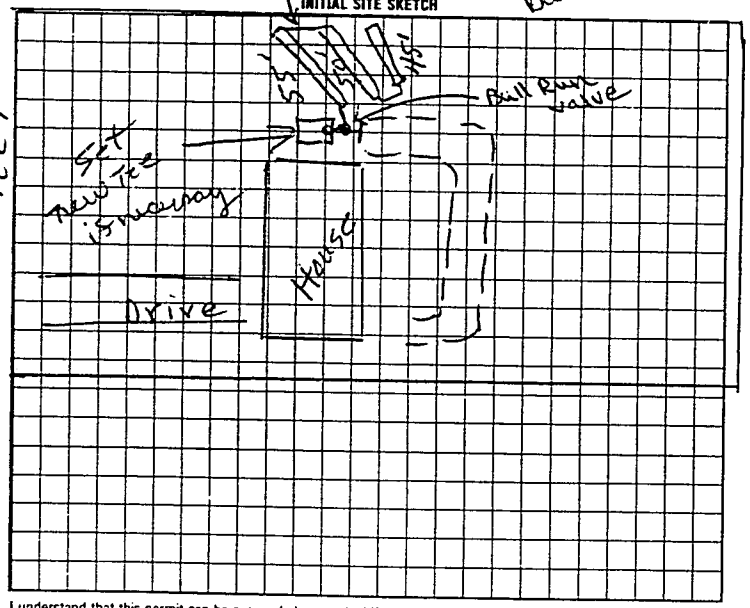
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Community
☐ Public

Comments:

Solid Pipe through Earthen Dam

INITIAL SITE SKETCH



Comments:

AS BUILT SKETCH

Same as initial 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: X Tony H. Fox

Improvement Permit by: L.C. Moore date 5-2-96

Existing System Inspection by: L.C. Moore date 5-2-96

Installed by: A-1 Backhoe

Certificate of Completion by: L.C. Moore date 8-5-96

Operation Permit by: _____ date _____

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

Authorization to Const. Expires 60 mos from issue

9210000