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. Statesville DATE 9-17-96 TAX MAP NO. 6K-8-A-5 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Robert Barnette PHONE: Business _____ Home _____

ADDRESS 209 A Street

LOCATION 90 W Th Bristol Dr. TR Westminster on Rt between A & B Streets

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 150'X200' SITE CLASS PS DESIGN FLOW 100 L.T.A.R. .125

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 450 Linear Feet 150

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☒ Business No. Employees 5

☐ Other Carlot + Garage

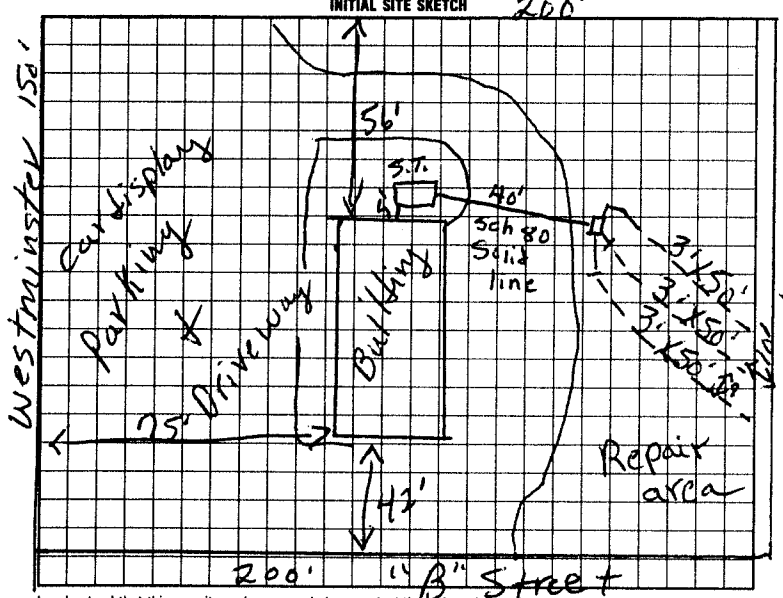
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☒ Public

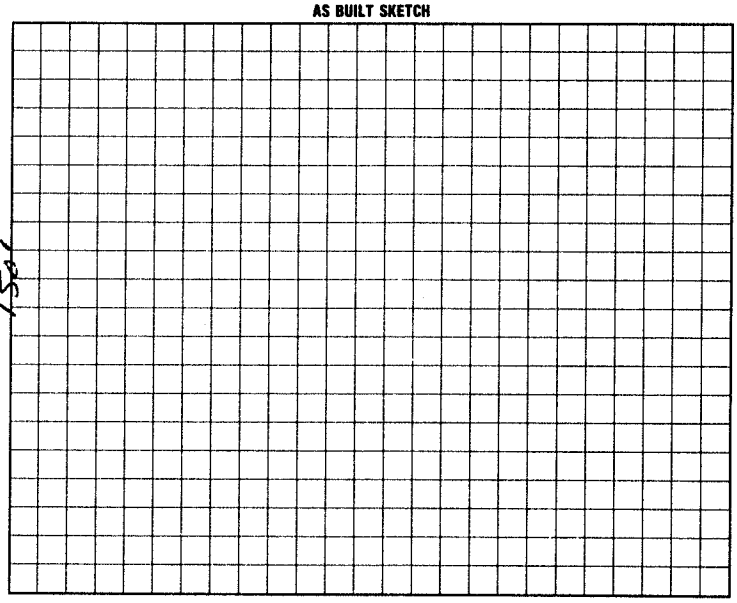
Comments:

Comments:

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.

Signed: X Robert Barnett

Improvement Permit by: R.C. Moore date 9-17-96

Existing System Inspection by: R.C. Moore date 9-17-96

Authorization to Construct

Installed by: Craig Thompson

Certificate of Completion by: [illegible] date 8-24-99

Operation Permit by: _____ date _____

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

Authorization to Const. Expires 60 mos from issue