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. Repair DATE 6-9-93 TAX MAP NO. Repair

OWNER OR CONTRACTOR John Paul Crawford PHONE: Business _____ Home 872-2745

ADDRESS _____

LOCATION I40W TL Hwy 90 TR Hwy 70W TL Candy Dr. 4th house on R.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA 1.18 acres SITE CLASS. Existing 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 2 Square Feet 540 Linear Feet 180'

No Lines 2 Trench Width 36" Trench Depth 24"-36" Gravel Depth 12"

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

System Description: Conventional, gravity fed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 1 Auto. Dishwasher: ☐ Yes ☑ No

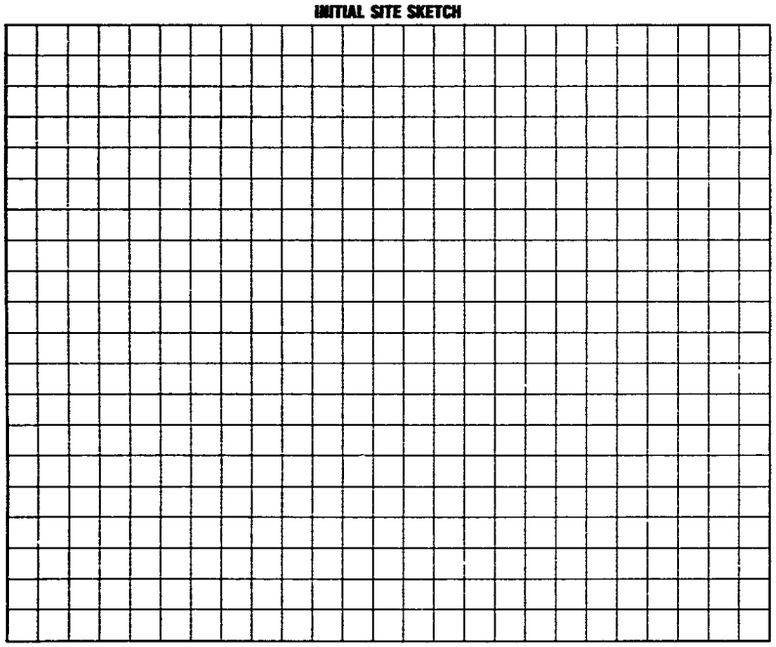
☐ Business No. Employees — Auto. Washing Machine: ☐ Yes ☑ No

☐ Other _____ Other _____

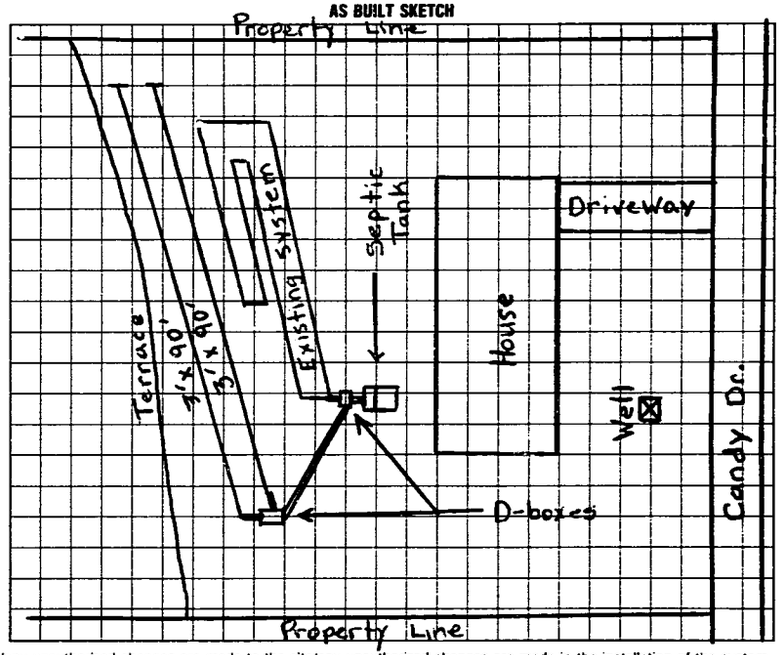
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments Fed existing system and repair line even. Keep tank pumped every 3-5 years.

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 6-9-93

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: Michael J. Dennis date 6-9-93

Operation Permit by: _____ date _____

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