50758

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 4/13/94 TAX MAP NO. 9D-5-D-5 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR A. FITZ BEAVER PHONE: Business _____ Home 873-8119

ADDRESS RT. 13, MONTICELLO DRIVE, STVL, NC 28677

LOCATION NC 90 W, TR MONTICELLO DRIVE, ON (L) AT TRAVIS LOOP

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EXISTING

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: CONV. GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1½

☐ Business No. Employees _____

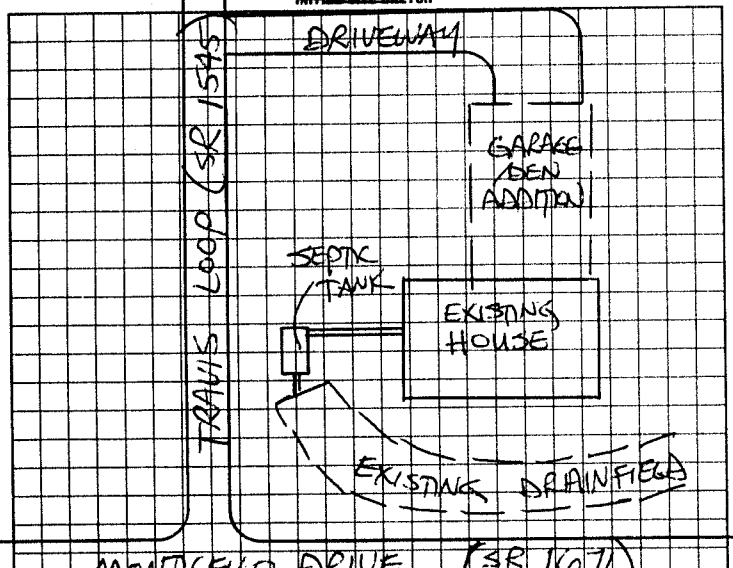
☐ Other _____

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

Comments: APPROVED FOR ADDITION OF GARAGE AND BEN.

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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: STEVE HENDRICK date 4/13/94 Operation Permit by: _____ date _____

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