# 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. 16412 DATE 7/22/93 TAX MAP NO. 90-13-29

OWNER OR CONTRACTOR E. WAYNE POPE PHONE: Business _____ Home _____

ADDRESS _____

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL MILLER FARM RD, TR BEECH BROOK LN, ON (L)

SUBDIVISION PINEY OAKS BLOCK / SECTION _____ LOT 29 LOT AREA _____ SITE CLASS PS L.T.A.R. 0.35 GPD/FT

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB 358 Date 6/14/93

Pump Tank: _____ Gallons; PT _____ Date _____

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

No. Lines 3 Trench Width 36 Trench Depth 30 Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

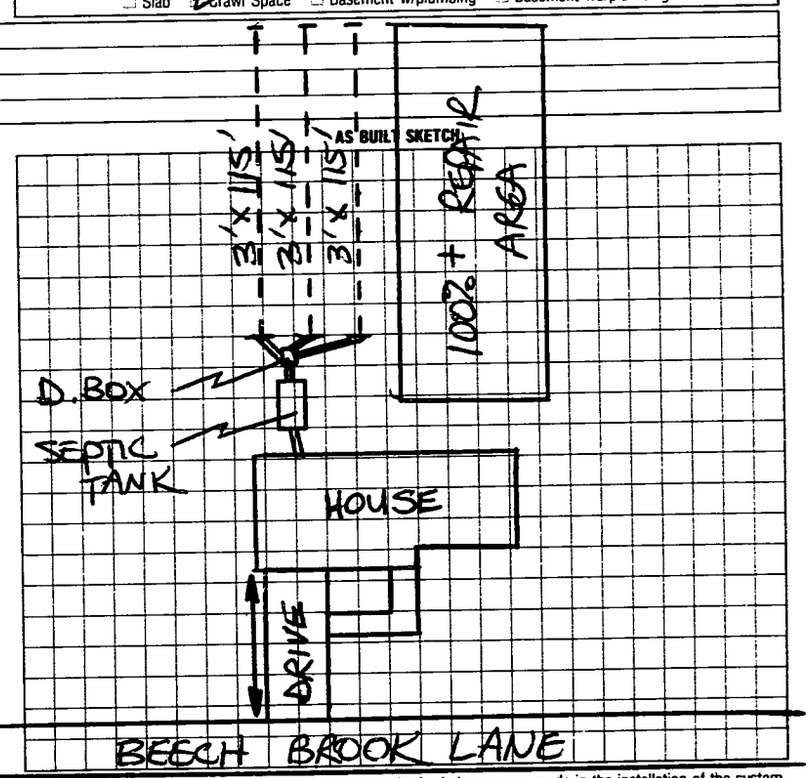
Other _____

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

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: STEVE HEDRICK date 5/27/93

Existing System Inspection by: _____ date _____

Installed by: DAVID YOUNTS

Certificate of Completion by: STEVE HEDRICK date 7/22/93

Operation Permit by: _____ date _____

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