48427

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. 16826 DATE 8/18/93 TAX MAP NO. 9A-A-11

OWNER OR CONTRACTOR BUNIE MCDANIELS PHONE Business Home 838-0809

ADDRESS Rt. 17, BOX 142 STVL, NC 28677

LOCATION DC115 N, TL SCOTTS CREEK RD, TR BOWMAN ROAD (SR 1638) AT END ON (R)

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS PS L.T.A.R. EXISTING

Water Supply: [x] Individual [ ] Community [ ] Public WELL NEXT DOOR

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Nitrification Field: No Fields 1 Square Feet Linear Feet EXISTING

No Lines Trench Width Trench Depth Gravel Depth

[ ] New System [ ] Repair System Type: I (II) III, IV, V, VI

System Description: CONV. GRAVITY

Repair System Description:

Maintenance Agreement Required: [ ] Yes [x] No

[ ] House/Mod. Home [x] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

Garbage Disposal: [ ] Yes [x] No

Auto. Dishwasher: [x] Yes [ ] No

Auto. Washing Machine: [x] Yes [ ] No

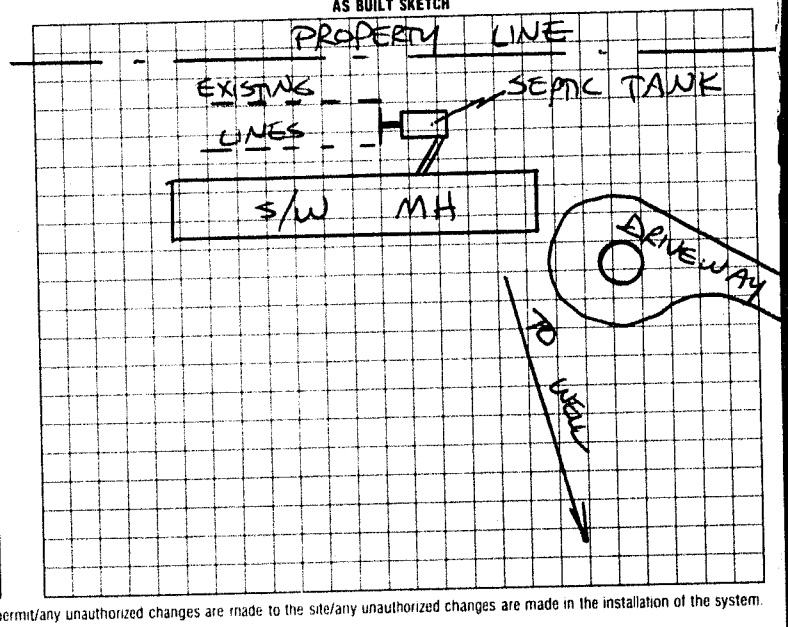
Other

Slab [x] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments KEEP MH MINIMUM 5' FROM SYSTEM

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: date

Existing System Inspection by: STEVE HEDRICK date

Installed by

Certificate of Completion by date

Operation Permit by date

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