IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 53503

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19746 DATE 11/9/94 TAX MAP NO. 9A-7-A-40 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR HOLBROOK CONST. CO. PHONE: Business _____ Home 873-7943

ADDRESS 2112 NEWTON DRIVE, STVL, NC 28677

LOCATION NC 115 N TL SCOTTS CREEK TL ETHEL, TR D.J. DRIVE, LOT ON LEFT

SUBDIVISION WOODROSE BLOCK / SECTION _____ LOT 40 LOT AREA 30,000 ft² SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

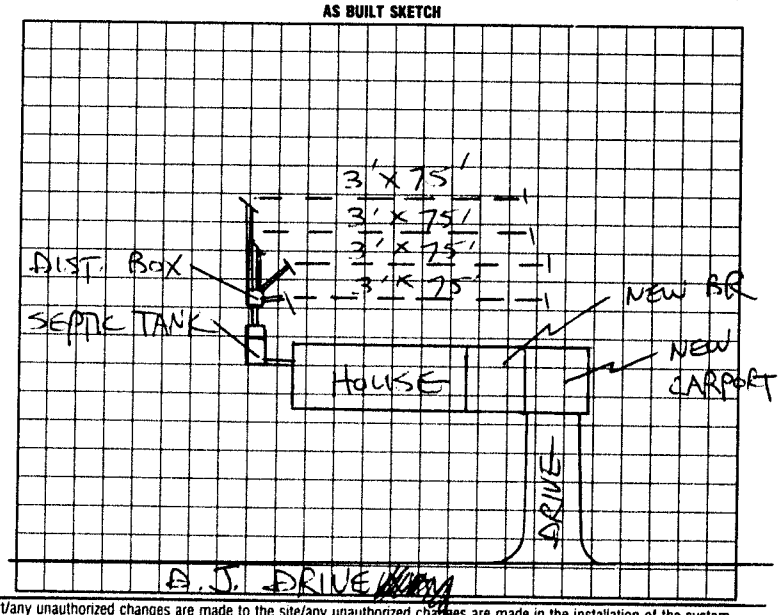
Water Supply: ☐ Individual ☐ Community ☑ Public

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

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: STEVE HENDRICK date 11/9/94

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