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. 21795 DATE 8-11-95 TAX MAP NO. AA-A-10A Watershed: [ ] Yes [X] No

OWNER OR CONTRACTOR KIM A. SWILLING PHONE: Business Home 873-6009

ADDRESS 917 SOUDSBORO AVE STATESVILLE NC 28677

LOCATION NC 115 N, TR BAILEY FARM ROAD, 1.5 MILE ON R, BACK OFF ROAD

SUBDIVISION BLOCK / SECTION LOT LOT AREA ACRES WELL CLASS PROPOSED FLOW PAR CONDITIONS

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

[X] New System [ ] Repair System Type: [ ] I [ ] II [X] III [ ] IV [ ] V

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: [ ] Yes [X] No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

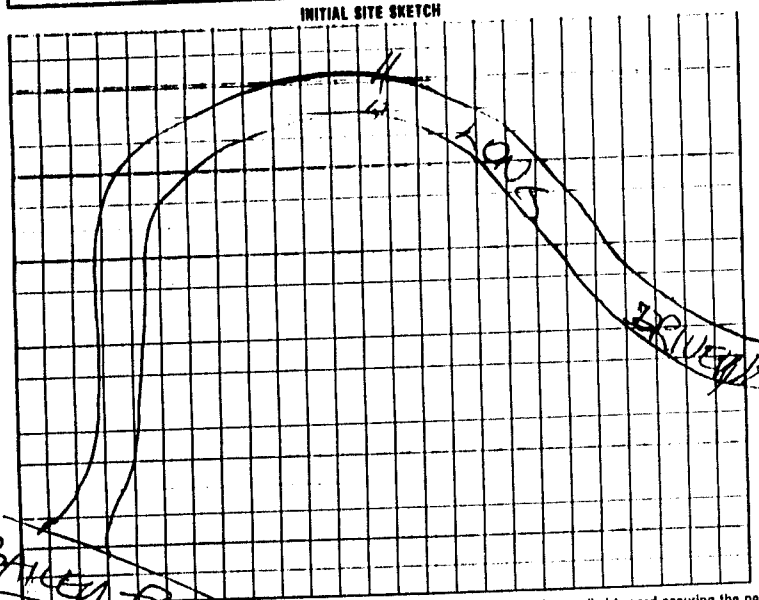
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Community [ ] Public WELL

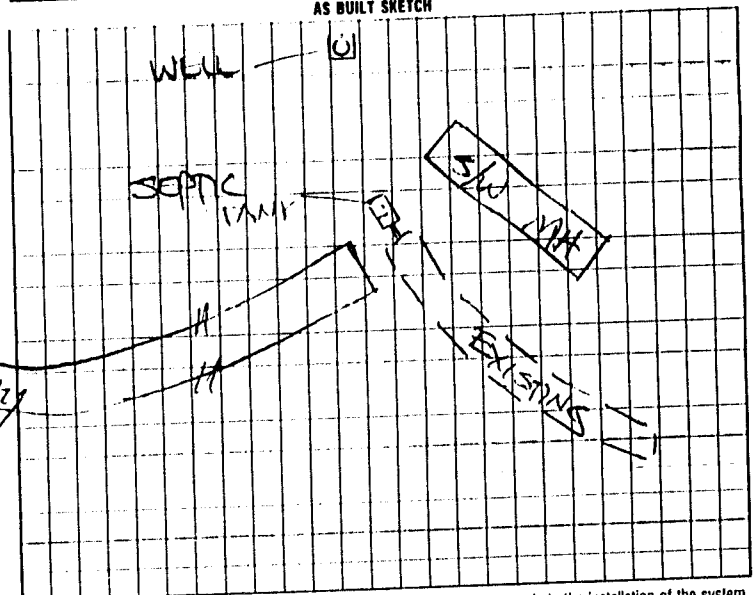
Comments:

Comments: TEMP 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.

Signed: date

Improvement Permit by: date

Existing System Inspection by: STEVE HEDRICK date 8-11-95

Installed by: date

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