48592

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. 16920 DATE 8/31/93 TAX MAP NO. 14F-A-8

OWNER OR CONTRACTOR BILL NEIGHBORS PHONE: Business 872-0926 Home 873-7063

ADDRESS RT. 7, BOX 151 STATESVILLE, NC 28677

LOCATION NC 115 N, TR 2ND DRIVE PAST ESTATE DRIVE, MH OFF ROAD AT BACK

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.25 AC SITE CLASS. P3 L.T.A.R. EXISTING

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines EX Trench Width _____ Trench Depth _____ Gravel Depth EX.

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

System Description: CONV. GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

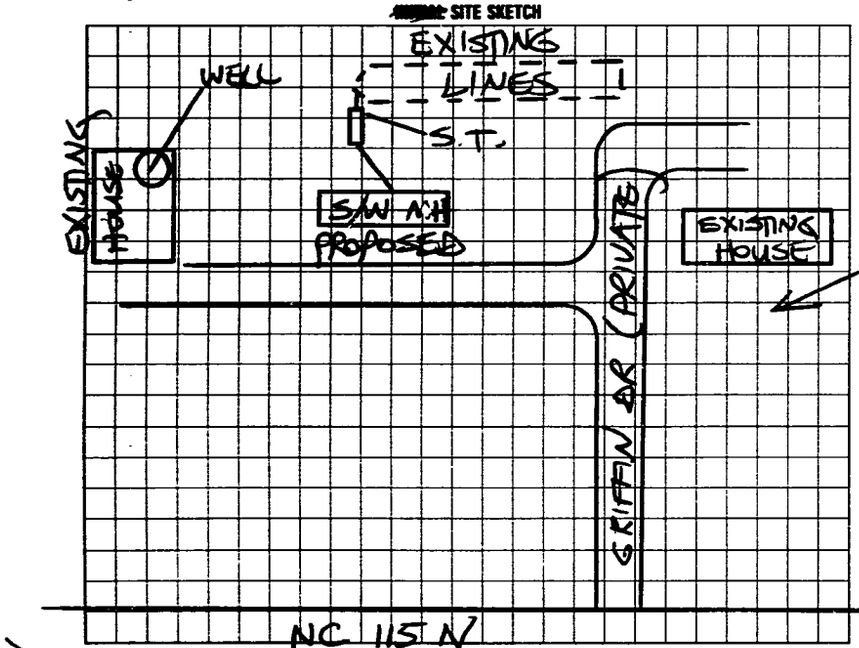
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

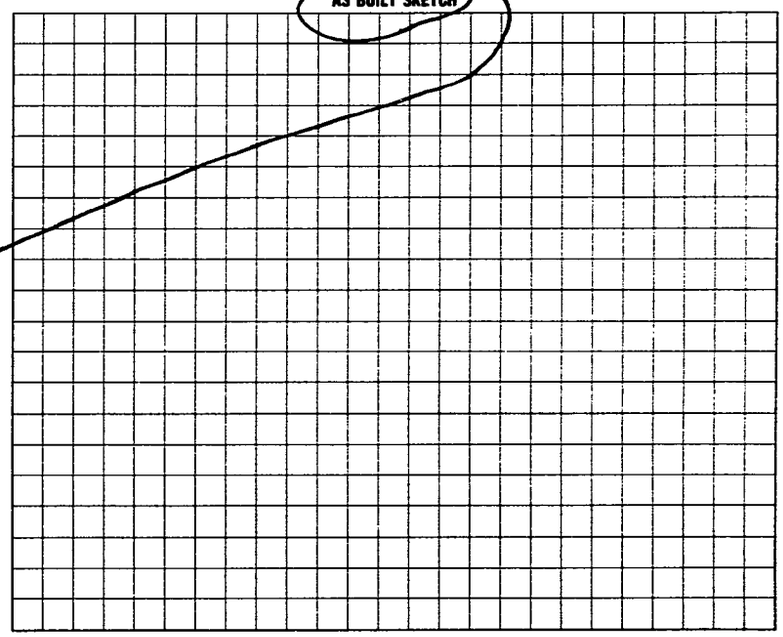
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments KEEP MH MINIMUM 5' FROM SYSTEM

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 HEDRICK date 8/31/93 Operation Permit by: _____ date _____

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