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. 23746 DATE 7-8-96 TAX MAP NO. 3F-4-B-8 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Hoyle Gosforth PHONE: Business Home 872 4224

ADDRESS 506 Virginia Ave Statesville N.C.

LOCATION State Pk Rd & N. Honeycutt Rd Fox Trail to ent on Rt

SUBDIVISION Allison Acres BLOCK / SECTION LOT 8 LOT AREA 21,780 SITE CLASS DESIGN FLOW L.T.A.R.

Septic Tank: Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description:

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

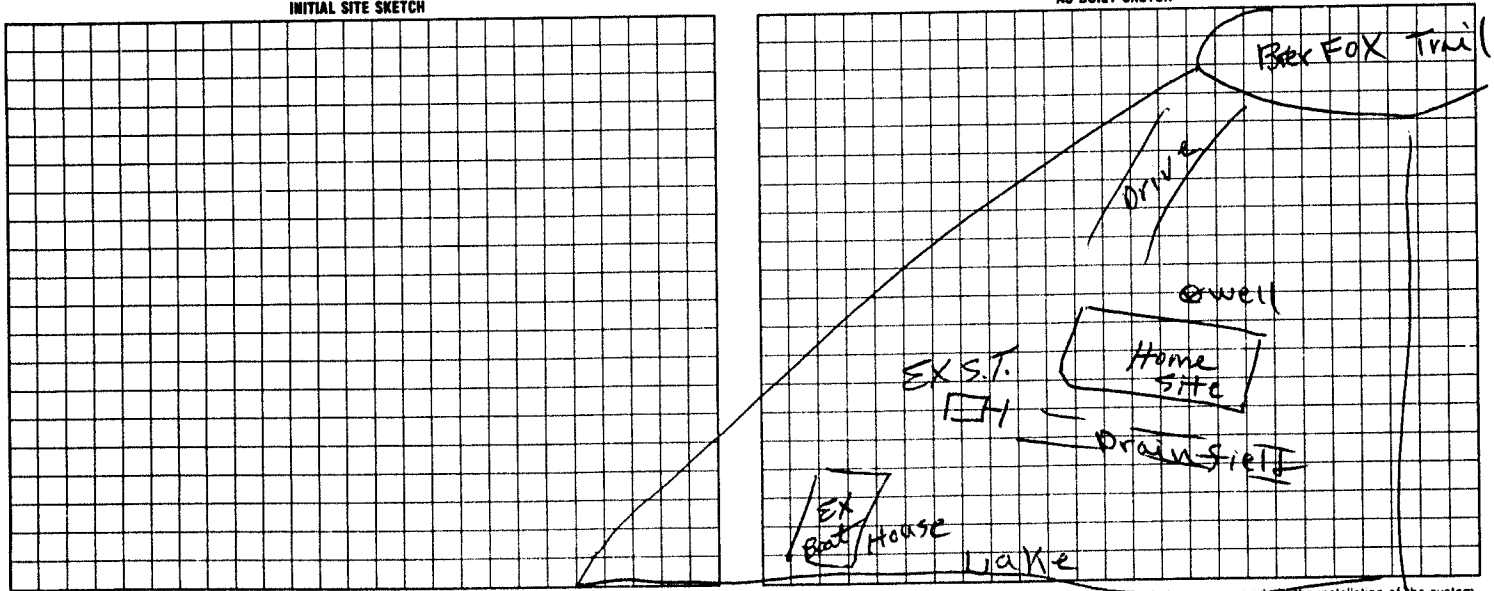
Water Supply:
☒ Individual
☐ Community
☐ Public

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

Signed:

Improvement Permit by: date

Existing System Inspection by: R C. Moore date 7-8-96

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