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. 26386 DATE 4-4-97 TAX MAP NO. 4732 19 9183 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Steven Chumley PHONE: Business _____ Home 924 8733

ADDRESS 143 Water Trough Rd

LOCATION 215 Tb Cumberland Tb Water Trough 1/4 mi left

SUBDIVISION Sable Pt. BLOCK / SECTION _____ LOT 7 LOT AREA .9 acre SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .4

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 3 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth 12

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

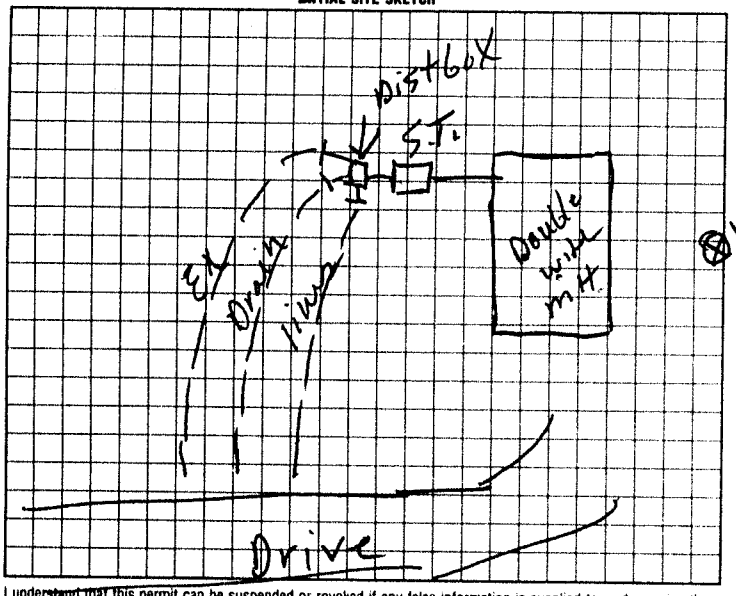
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: original Permit In steven Chumley 7-26-90

Comments: Charring 3 bedroom S/W for 3 bedroom D/W

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: R. C. Moore date 4-4-97

Installed by: Ken Dellinger

Certificate of Completion by: Steve Hetrick date 12-26-97

Operation Permit by: _____ date _____

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