50253

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. Trautman DATE 2-8-94 TAX MAP NO. 6B 2B 4 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Billy Holman PHONE: Business Home 704 327 0982

ADDRESS 1231 D 21ST Ave N.E. Hickory N.C.

LOCATION 215 TL moose club rd past moose lodge TL Private Rd 300' on left

SUBDIVISION Oak Springs PK BLOCK / SECTION I LOT 15 LOT AREA 1/2 acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .32

Septic Tank: 1000 Gallons; STB 1017 Date 15, 16, 18

Pump Tank: _____ Gallons; PT _____ Date → 2-16-17-94

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1110 Linear Feet 370

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: LIP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

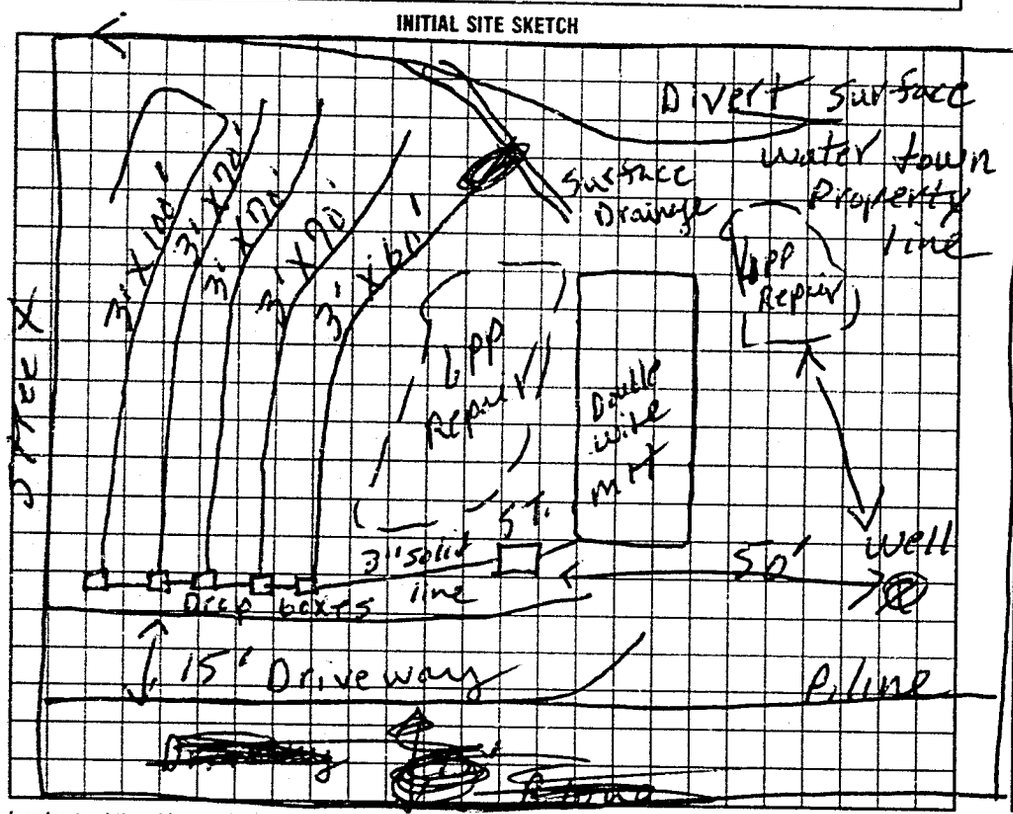
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: x [signature]

Improvement Permit by: P. C. Moore date 2-8-94

Existing System Inspection by: _____ date _____

Installed by: James Hudler

Certificate of Completion by: P. C. Moore date 4-14-94

Operation Permit by: _____ date _____

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