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. 23478 DATE 4-27-96 TAX MAP NO. 6B-6-5 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Jerry Bare PHONE: Business _____ Home 873-0472

ADDRESS PO BOX 125 Barium Sp.

LOCATION 215 TL Cunningham TL Water Trough TR Scenic round 90° Turn 2nd lot left

SUBDIVISION Sable Point BLOCK / SECTION _____ LOT 5 LOT AREA 2.8 acres SITE CLASS PS DESIGN FLOW 360 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 ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

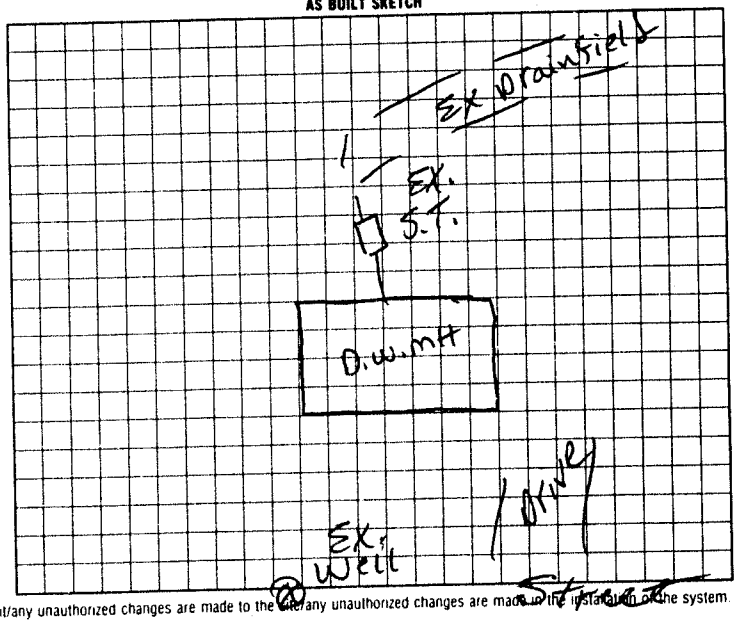
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

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: _____ Installed by _____

Improvement Permit by: _____ date _____ Certificate of Completion by _____ date _____

Existing System Inspection by: E. C. Moore date 4-27-96 Operation Permit by: _____ date _____

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