4:00

53666

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. 19694 DATE 11-2-94 TAX MAP NO. 6B-A-70 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Joseph K. Burrell PHONE: Business _____ Home 872-9396

ADDRESS 2811 meadowbrook Rd

LOCATION 215 Tb cumberland Tb Blue Bird Tb Skyuka Tb Scoggs Cemetery Rd 4th lot b,

SUBDIVISION _____ BLOCK / SECTION _____ LOT 70 LOT AREA 1.11 acres SITE CLASS PS DESIGN FLOW 300 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 1794 Date 11-5-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

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: Conv Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☐ No

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

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

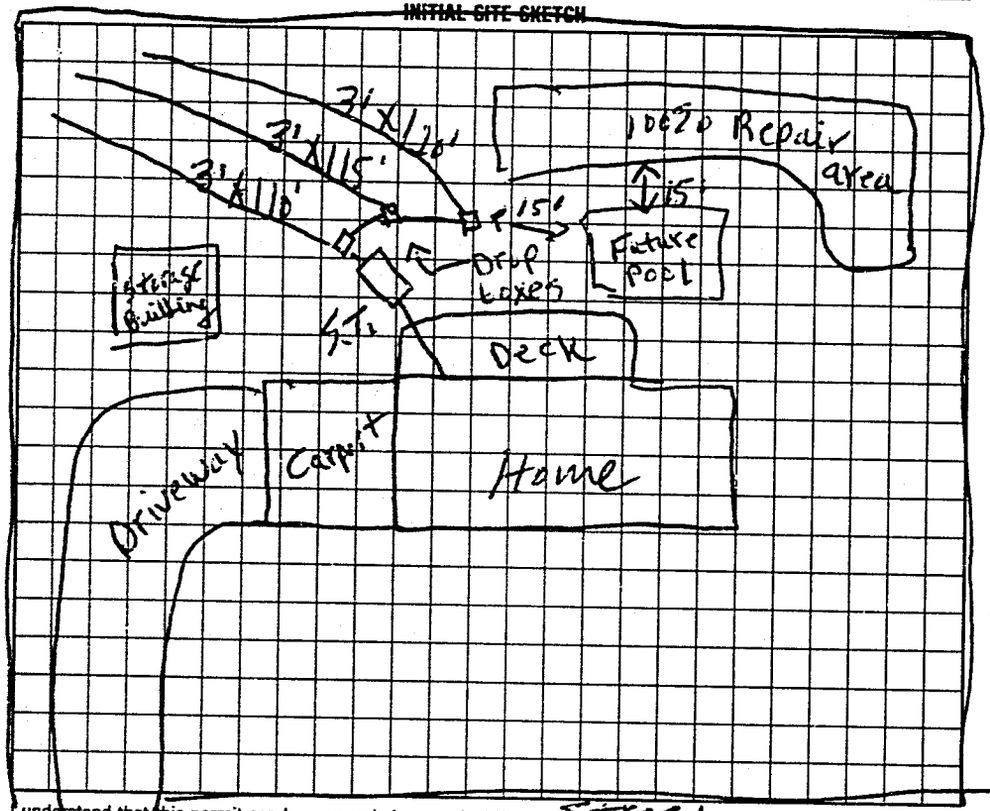
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

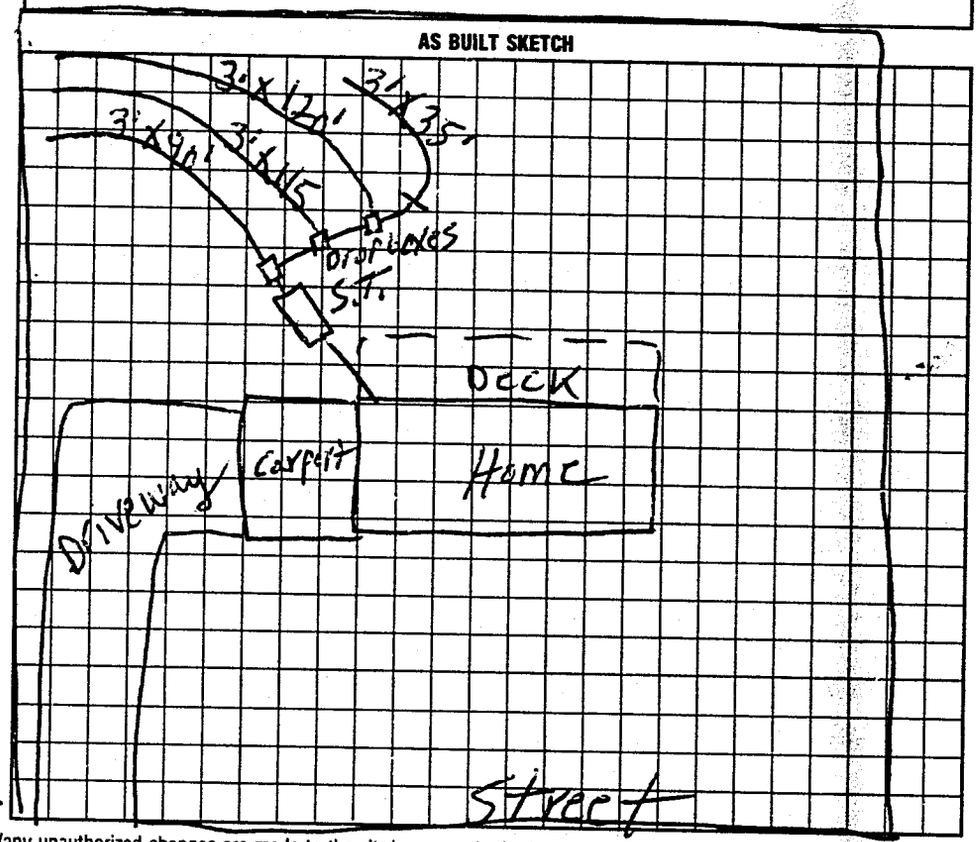
Comments:

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: x Joseph K. Burrell

Improvement Permit by: E. C. Moore date 11-2-94

Existing System Inspection by: _____ date _____

Installed by: Wilkinson Grading Columbia

Certificate of Completion by: E. C. Moore date 1-4-95

Operation Permit by: _____ date _____

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