Allen Lewis 18[illegible] on Computer ~~not functional~~ 10D-1-A-40 50240

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. 17656 DATE 1-3-94 TAX MAP NO. ~~10B A 20~~ Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Alan Lewis PHONE: Business 10D-1-A 40 Home 878-2305

ADDRESS ~~[redacted]~~ Rt 4 Box 272-3 Sta

LOCATION 115 N TR Sullivan Rd TR meadow oak Dr. 1/8mi on left

SUBDIVISION meadow OAKS BLOCK / SECTION LOT 40 LOT AREA .72 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 135

Septic Tank: 1000 Gallons; STB 1012 Date 3-13-94
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 4 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 No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

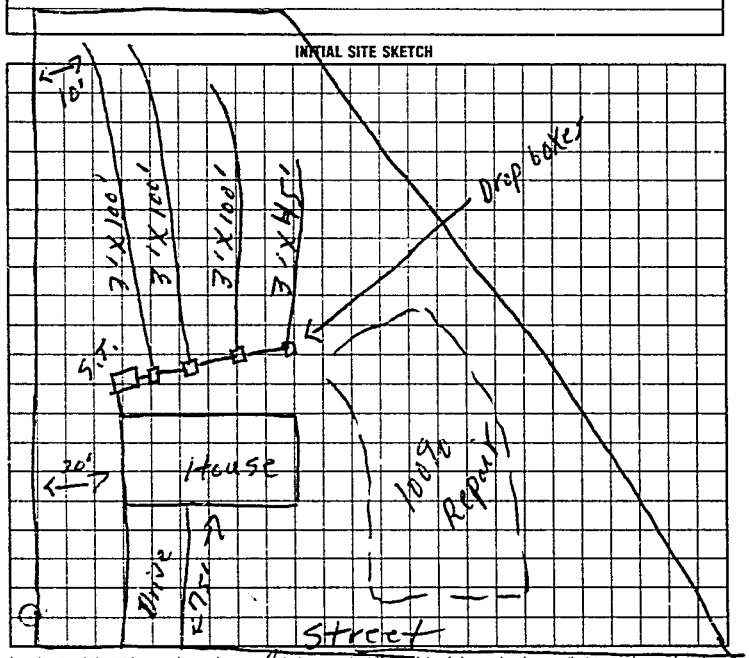
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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: Alan Lewis

Improvement Permit by: P. C. Moore date 1-3-94

Existing System Inspection by: date

Installed by: Tommy Frye

Certificate of Completion by: P. C. Moore date 5-27-94

Operation Permit by: date

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

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