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. 67830 DATE 6-4-97 TAX MAP NO. 4736 41 3359 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR J. Todd Ellis PHONE: Business 704 878 6633 Home

ADDRESS 175 Meadow Oak Dr. Statesville

LOCATION 115 N TR Sullivan Fm Rd at 1st curve at Schipley Ford Rd

SUBDIVISION Meadow Oaks BLOCK / SECTION LOT 59 LOT AREA 1.21 acres SITE CLASS. PS DESIGN FLOW 300 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 6-25-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

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

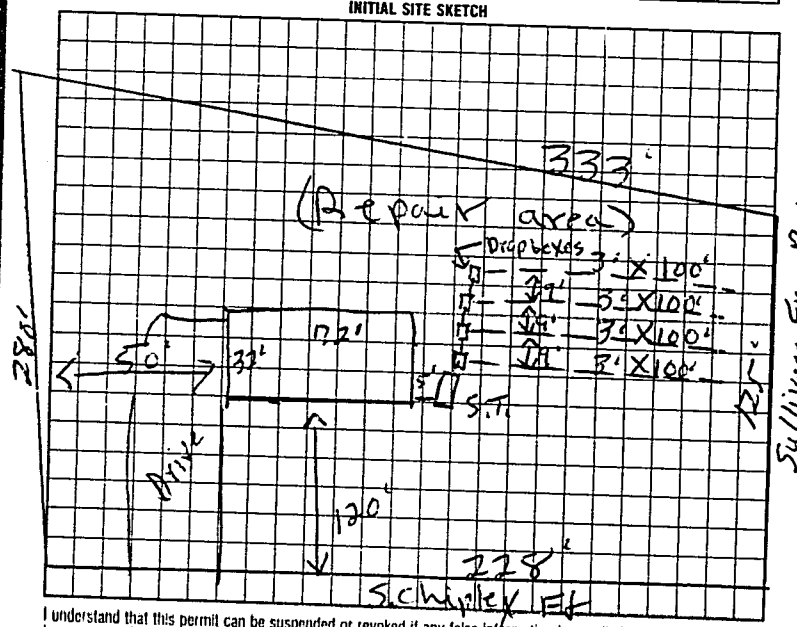
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

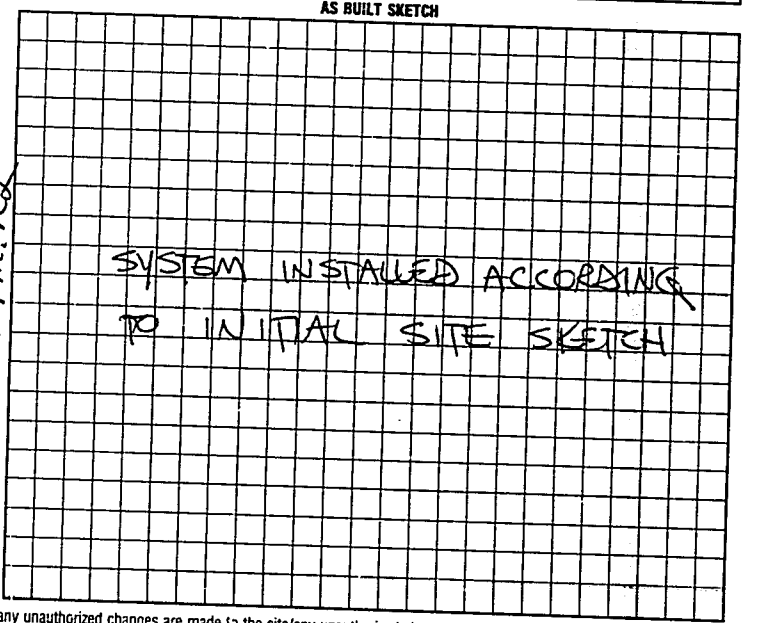
Comments:

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:

Improvement Permit by: L. C. Moore date 6-4-97

Authorization to Install Existing System Inspection by: L. C. Moore date 6-4-97

to cover!

Installed by: DAVID YOUNTZ

Certificate of Completion by: date

Operation Permit by: STEVE HEDRICK date 9-4-97

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

Authorization to count. Expires 60 mos from issue