IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

55563

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 20841 DATE 4-19-95 TAX MAP NO. 10D-2-A-11 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Jack Borders PHONE: Business _____ Home 881-0025

ADDRESS 188 Knox Farm Rd Sta.

LOCATION 115 TR Chipley Ford Rd TR Ft Dobbs TL Dobbs Dr. 3rd lot left

SUBDIVISION Dobbs view BLOCK / SECTION _____ LOT 11 LOT AREA 135'X256' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 135

Septic Tank: 1000 Gallons; STB 1012 Date 8-18-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

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: Pump to Conv. lines

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees _____

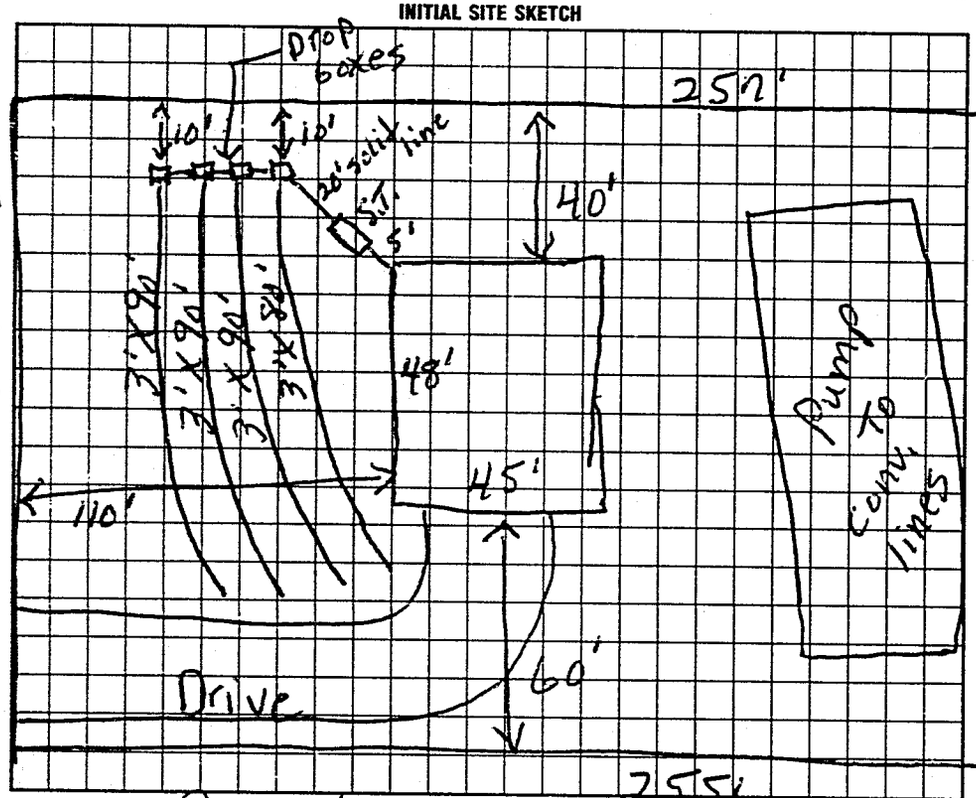
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

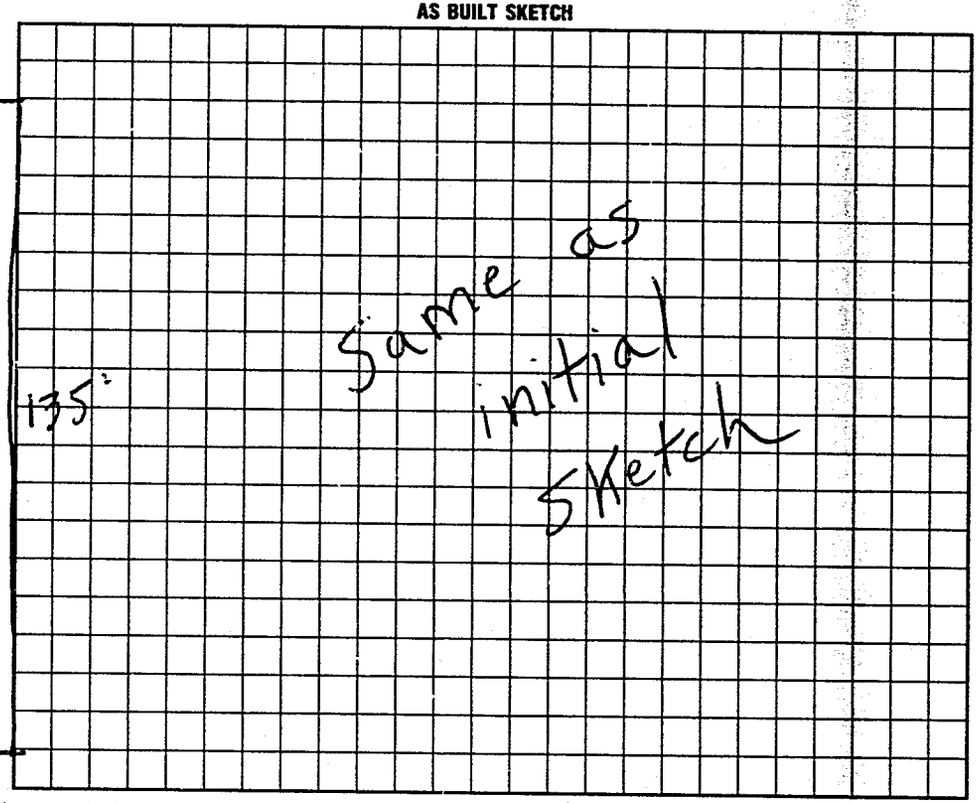
Comments:

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 David Borders

Improvement Permit by: E.C. moore date 4-19-95

Existing System Inspection by: _____ date _____

Installed by: David + Andy Yountz

Certificate of Completion by: E.C. moore date 10-23-95

Operation Permit by: _____ date _____

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