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. 16345 DATE 8/2/93 TAX MAP NO. 10M-A-6

OWNER OR CONTRACTOR LARRY WOODS PHONE: Business Home

ADDRESS

LOCATION NC115N, TR S. CHIPLEY FORD RD, ON (L) JUST PAST BLUE GILL LN, ~500' OFF.

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. L.T.A.R. 0.35 GPD/SQ FT

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons: STB 1012 Date 4/20/93

Pump Tank: Gallons: PT Date

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

No Lines 2 Trench Width 36" Trench Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: (I.) II. III. IV. V. VI

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ~~☑ No~~

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ~~☑ Yes~~ ☐ No

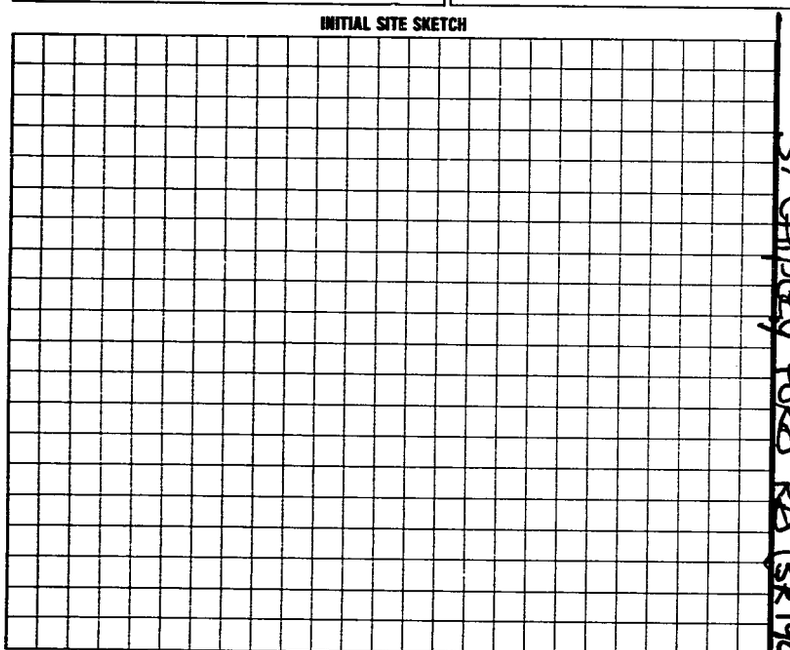
☐ Business No. Employees Auto. Washing Machine: ~~☑ Yes~~ ☐ No

☐ Other Other

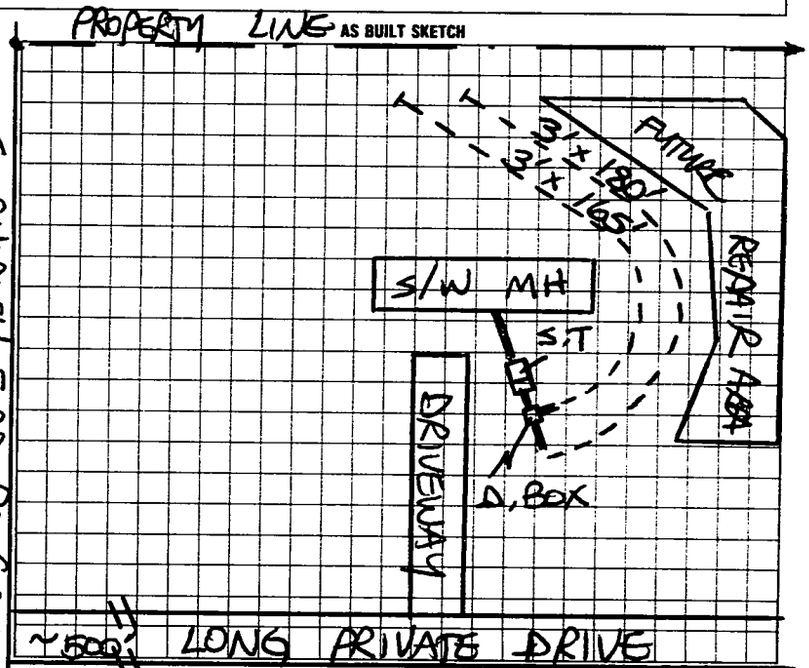
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments KEEP WELL 100' FROM SYSTEM

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: STEVE HEDRICK date 5/18/93

Existing System Inspection by: date

Installed by: TOMMY GOFORTH

Certificate of Completion by: STEVE HEDRICK date 8/2/93

Operation Permit by: date

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