61786

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. 24 340 DATE 7-3-96 TAX MAP NO. 146-A- Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Jim Braddock PHONE: Business _____ Home 876 4405

ADDRESS 468 N Chipley Ford Rd

LOCATION 115 N TR Hargrove Grove TR N Chipley Ford 1/4 mi left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.4 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 1012 Date 4-10-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields I Square Feet 1080 Linear Feet 360

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: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other _____

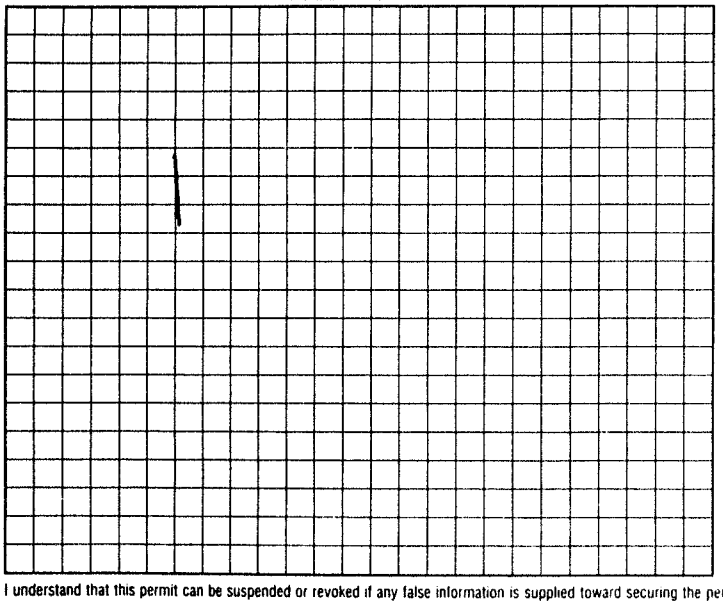
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

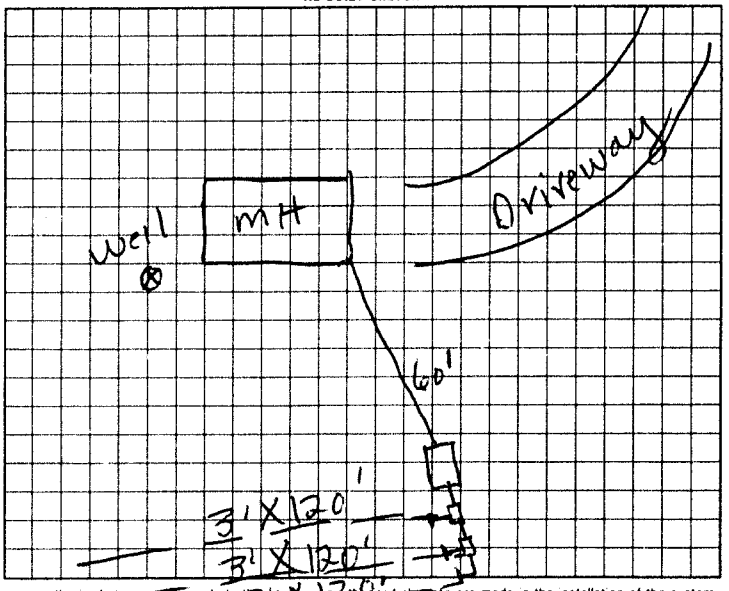
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



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.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: L. C. Moore date 7-3-96

Installed by Howard Sloan

Certificate of Completion by Steve Hedrick date 8-4-94

Operation Permit by _____ date _____

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