48225

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. 16765 DATE 8-6-93 TAX MAP NO. 55-A-140

OWNER OR CONTRACTOR Jesse Gentry PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 64E IR Bell Rd approx 2mi Turn into Dogwood Est Hwy 64 3rd Home on Rt

SUBDIVISION Dogwood Est MHP BLOCK / SECTION _____ LOT 22 LOT AREA _____ SITE CLASS _____ L.T.A.R. _____

Water Supply: ☐ Individual ☐ Community ☐ Public

Septic Tank: Ex. Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Trench Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

Garbage Disposal: ☐ Yes ☐ No

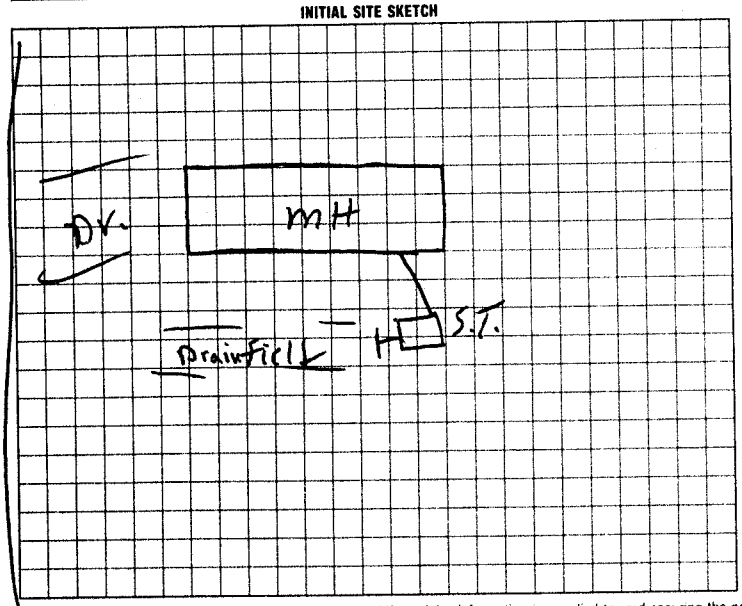
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☐ Yes ☐ No

Other _____

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: _____ date _____

Existing System Inspection by: L. C. Moore date 8-6-93

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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