IREDELL COUNTY HEALTH DEPARTMENT

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

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

9500 10:30 Sam

PROPERTY DESCRIPTION NO. 21674 DATE 8-4-95 TAX MAP NO. 4L - A-43 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR D. Todd Hmamie Houston PHONE: Business _____ Home 838 1170

ADDRESS 1013-5 Fox Croft Dr.

LOCATION 21 South to Amity ground on left before I-77

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .997 acres SITE CLASS. 0 PS DESIGN FLOW 360 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 928 Date 5/10/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☐ 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 _____

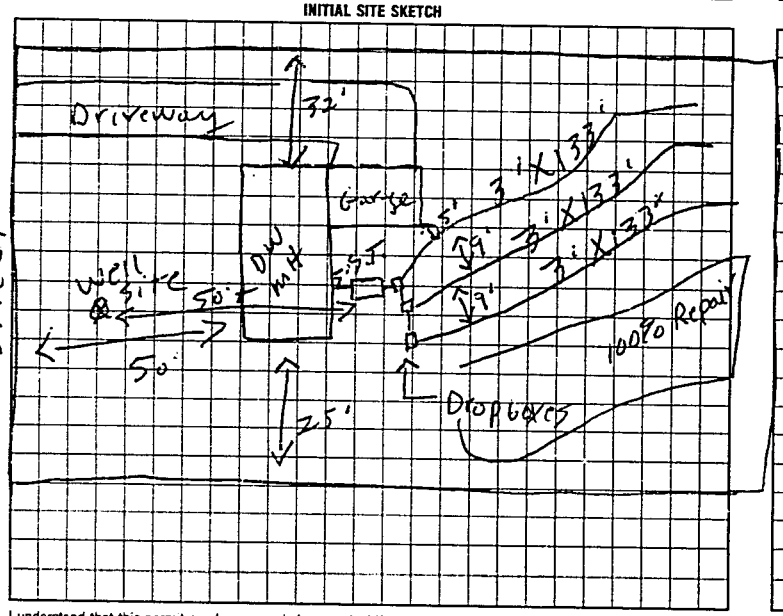
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

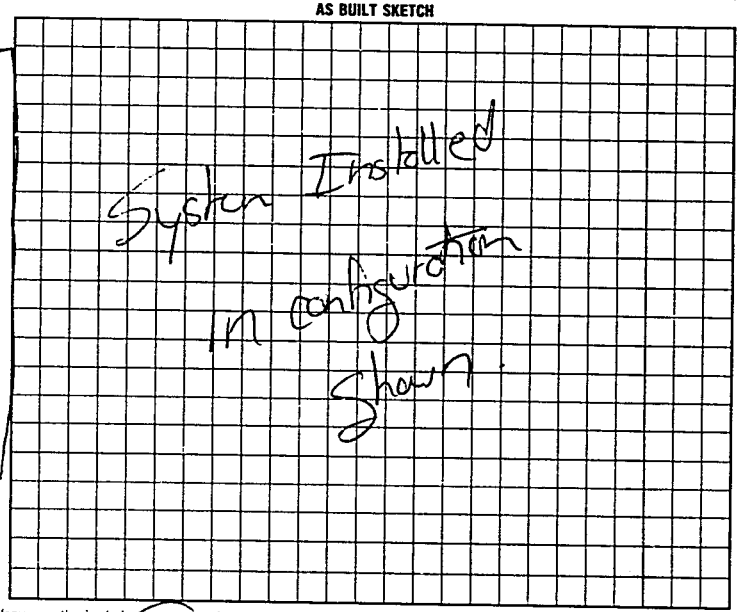
Comments:

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 D. Todd Houston

Improvement Permit by: P. C. Moore date 8-4-95

Existing System Inspection by: _____ date _____

Installed by: Sammy Reavis

Certificate of Completion by: _____ date 10/11/95

Operation Permit by: _____ date _____

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