Krista Asbury

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. 16352 DATE 6-2-93 TAX MAP NO. 4a/A-2A

OWNER OR CONTRACTOR Randall murdock PHONE: Business _____ Home 873 4977

ADDRESS Rt 3 Box 538

LOCATION I-77S TR Amity Hill TL murdock Rd TL Hoover Rd 1/8 mi on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.6 acres SITE CLASS. P.S. L.T.A.R. .3

Water Supply: ☒ Individual ☐ Community ☐ Public well next door

Septic Tank: 1000 Gallons; STB 1012 Date 4-31-93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 266

No Lines 2 Trench Width 36 Trench Depth 24 Gravel Depth 12

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☐ No

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

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

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

Garbage Disposal: ☐ Yes ☒ No

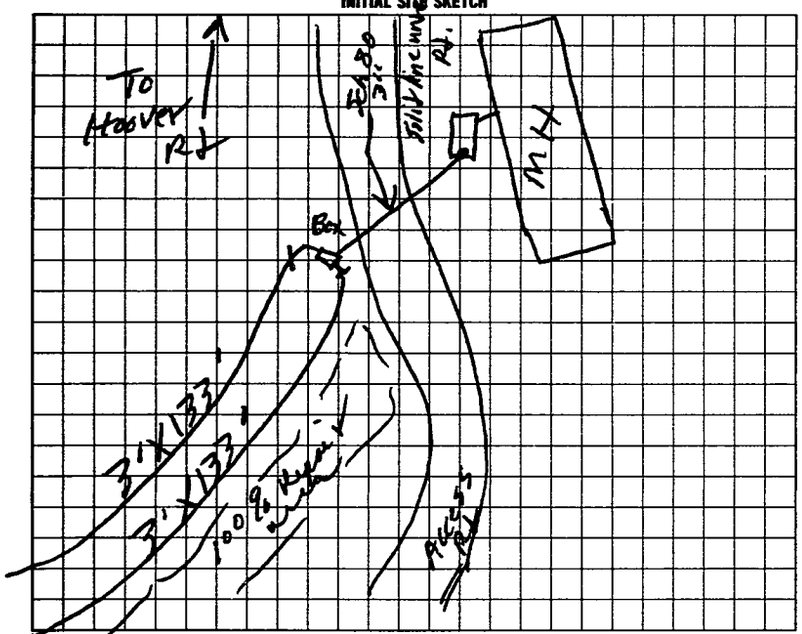
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☐ Yes ☐ No

Other _____

Comments _____

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: Randy Murdock

Improvement Permit by: P.C. moore date 6-2-93

Existing System Inspection by: _____ date _____

Installed by: Harry Reep

Certificate of Completion by: P.C. moore date 7-23-93

Operation Permit by: _____ date _____

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