3,100

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. _____ DATE 11-14-96 TAX MAP NO. _____ Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR C. E. Walker PHONE: Business _____ Home 876-3428

ADDRESS 455 Nixon Rd

LOCATION 21W TL Shoemaker at mayflower ch TR Rt 1ST House left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2½ acres SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 450 Linear Feet 150

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 18"

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

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

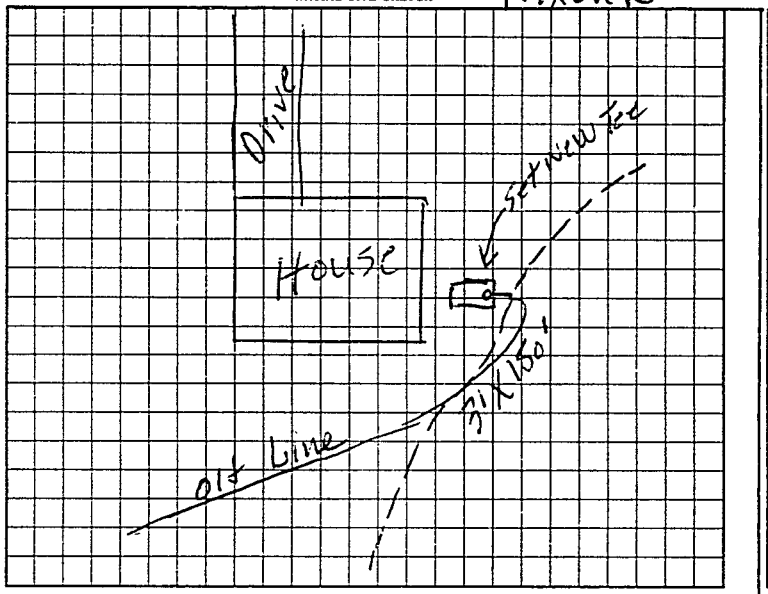
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

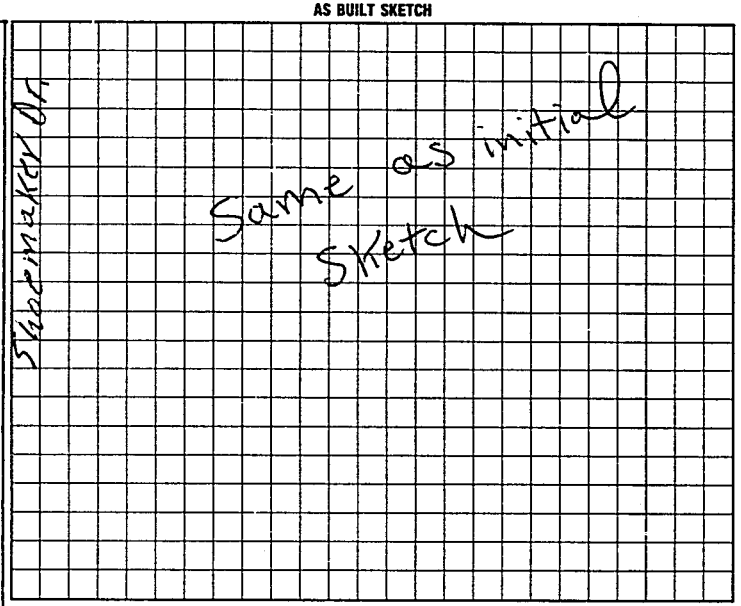
Comments: Replace Tee & work New line First Then Ex. lines

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: C. E. walker

Improvement Permit by: f. C. moore date 11-14-96

Authorization to Cover Existing System Inspection by: f. C. moore date 11-14-96

Installed by: A-1 Backhoe

Certificate of Completion by: _____ date _____

Operation Permit by: f. C. moore date 12-3-96

to co. 1ST HEALTH DEPT. COPY WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK

Authorization to Cover Expires 60 mos from issue