10C-2-C-1&2

56345

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. 11955 DATE 9-1-95 TAX MAP NO. 10C-2-C-1A Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Jacob Deaton PHONE: Business _____ Home 873-7501

ADDRESS 111 Rimmer Rd. Sta.

LOCATION US 21 N TL Rimmer RD 1ST House left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 100'X150' SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .4

Septic Tank: 1000 Gallons: STB 794 Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 630 Linear Feet 210

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: " " "

Maintenance Agreement Required: ☐ Yes ☐ No

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

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1½

☐ Business No. Employees _____

☐ Other _____

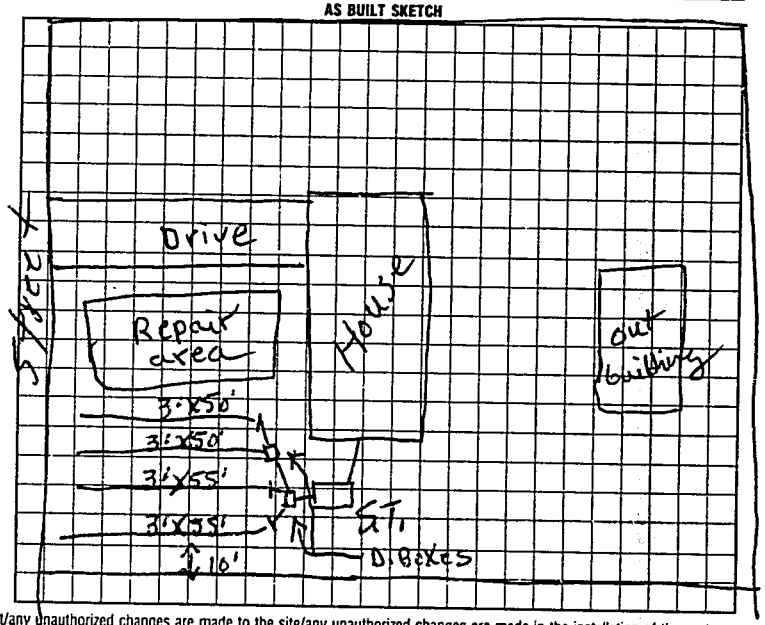
Water Supply:
☐ Individual
☐ Community
☐ Public

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: J C Moore date 9-5-90

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: J. C. Moore date 9-1-95

Operation Permit by: _____ date _____

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