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 7-28-93 TAX MAP NO. _____

OWNER OR CONTRACTOR Bill Martin PHONE: Business _____ Home _____

ADDRESS 209 Shoemaker Dr

LOCATION 21N To Shoemaker Dr. Past Mellie Fone 3rd Hse on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 5X Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines 1 Trench Width 36 Trench Depth 24to36 Gravel Depth 12

☐ New System ☑ Repair System Type: I, II, III, IV, V, VI 0

System Description: _____

Repair System Description: Conv Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms _____ Garbage Disposal: ☐ Yes ☐ No

☐ Mobile Home No. Bathrooms _____ Auto. Dishwasher: ☐ Yes ☐ No

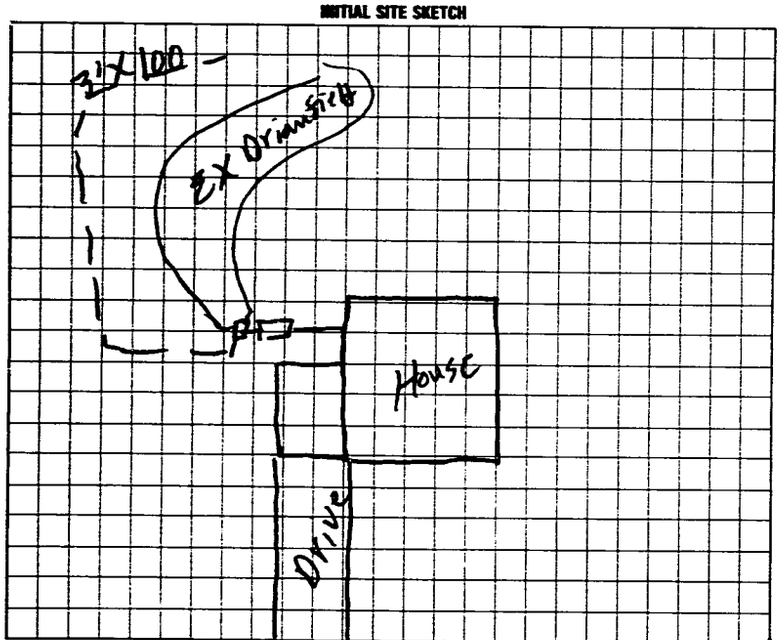
☐ Business No. Employees _____ Auto. Washing Machine: ☐ Yes ☐ No

☐ Other _____ Other _____

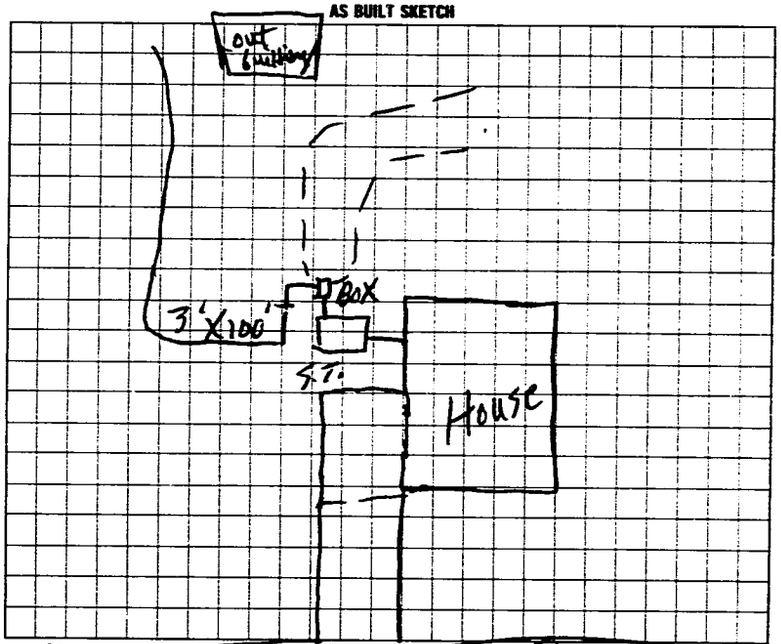
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments CK Tee + Replace if necessary

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: + Andy & Wendy For Bill Martin Shoemaker

Improvement Permit by: R-C. moore date 7-28-93

Existing System Inspection by: _____ date _____

Installed by: Andy Daniels

Certificate of Completion by: R-C. moore date 7-28-93

Operation Permit by: _____ date _____

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