49996

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. 17563 DATE 1-7-94 TAX MAP NO. 10F-5-A-14 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Tommy Hall PHONE: Business _____ Home 528 6349

ADDRESS Rt 11 Box 125 Sta, 1st lot on lt.

LOCATION Hwy 21 N TL Shumaker past Ingram Rd Turn left Phenon Lane

SUBDIVISION Gray Stone BLOCK / SECTION _____ LOT 14 LOT AREA 1.0 acre SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .138

Septic Tank: 1000 Gallons; STB _____ Date _____

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 12"

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

System Description: Conv. Gravity

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2 1/2

☐ Business No. Employees _____

☐ Other _____

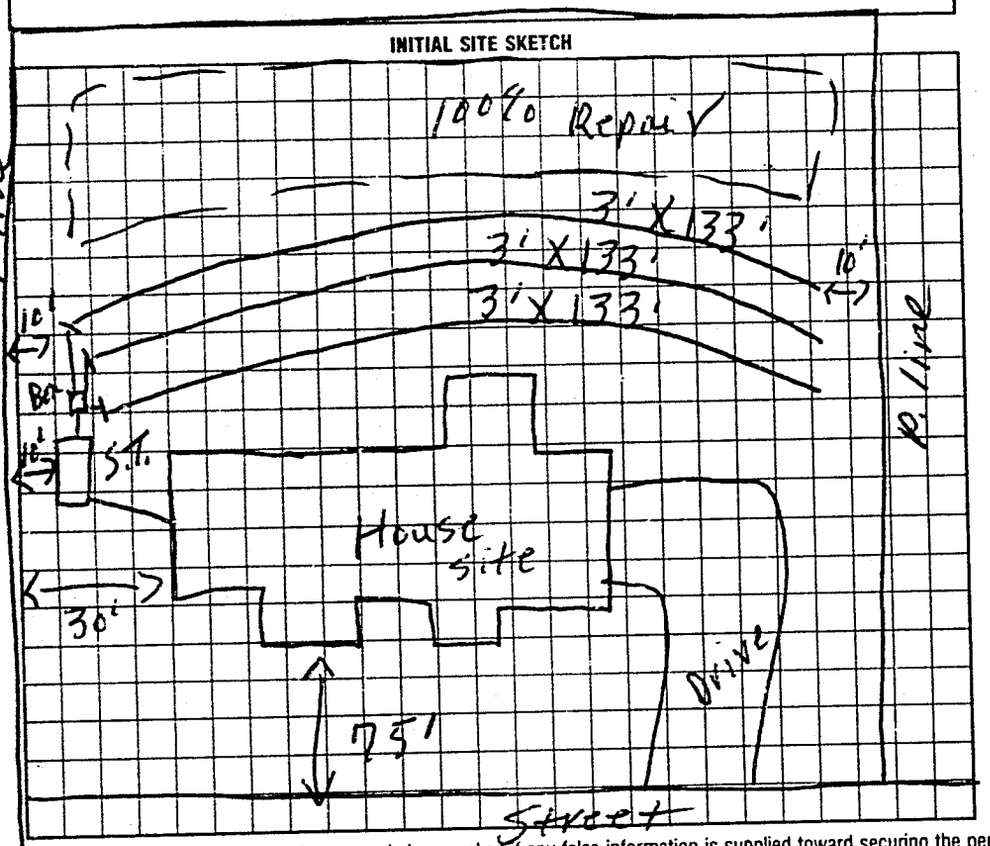
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

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: J. Banks Brown

Improvement Permit by: F.C. Moore date 1-7-94

Existing System Inspection by: _____ date _____

Installed by: David Yountz

Certificate of Completion by: F.C. Moore date 5-18-94

Operation Permit by: _____ date _____

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