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. 24013-7641891 DATE 6-21-96 TAX MAP NO. 10F5 A15

OWNER OR CONTRACTOR Harry Carlton PHONE: Business Home 407 846 0574 Watershed: ☐ Yes ☐ No

ADDRESS PO Box 420742 Kissimmee FL 34742

LOCATION 2 IN TL Shoemaker TL Doe Run, Foxglove intersection

SUBDIVISION Greystone Manor BLOCK / SECTION LOT 13 LOT AREA 20,000 sq ft SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 10 ft Date 6-10-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

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: Conventional Gravity

Repair System Description: Chamber Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees

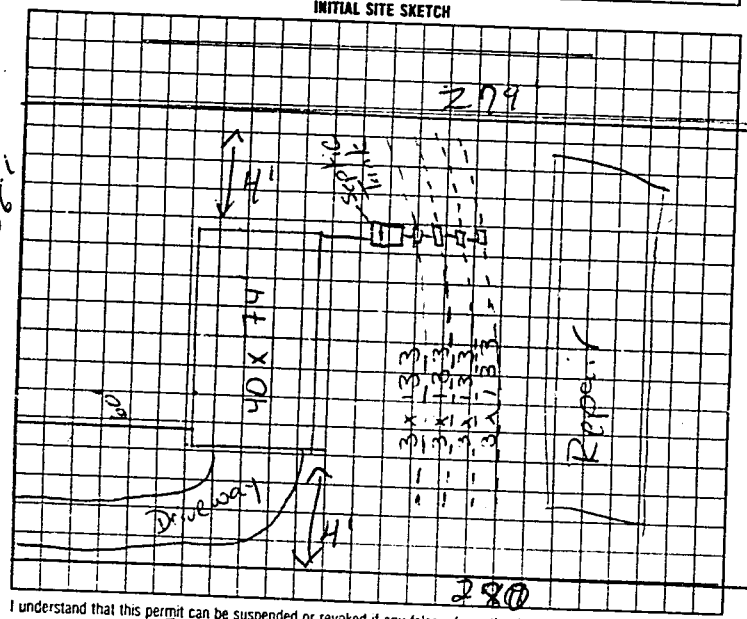
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

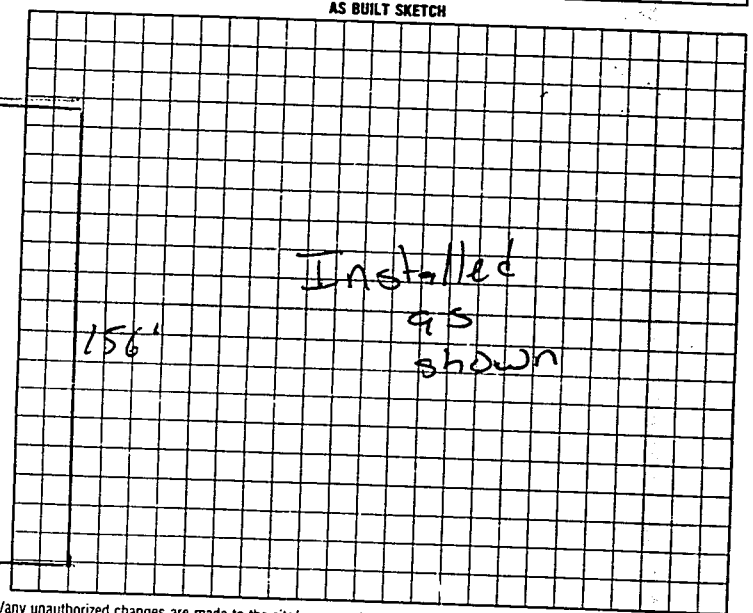
Comments:

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: L C Moore date 6-21-96

Existing System Inspected by: L C Moore date 6-21-96

Installed by: Tommy Cothran

Certificate of Completion by: date

Operation Permit by: Mary C Outz RS date 8-21-97

Authorization to Count Expires 60 mos from 55 ℄

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

Authorization to connect