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. 15493 DATE 9-30-93 TAX MAP NO. 106-A-17A

OWNER OR CONTRACTOR Darrin L. Cline PHONE: Business Home 876-1523

ADDRESS Rt 5 Box 96 Sta.

LOCATION 21N TL on Shoemaker Dr before cut TL Dietz Rt 1/4mi on Rt

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. PS L.T.A.R. 135

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB 358 Date 8-18-93

Pump Tank: Gallons; PT Date

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 36 Trench 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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☐ Yes ☐ No

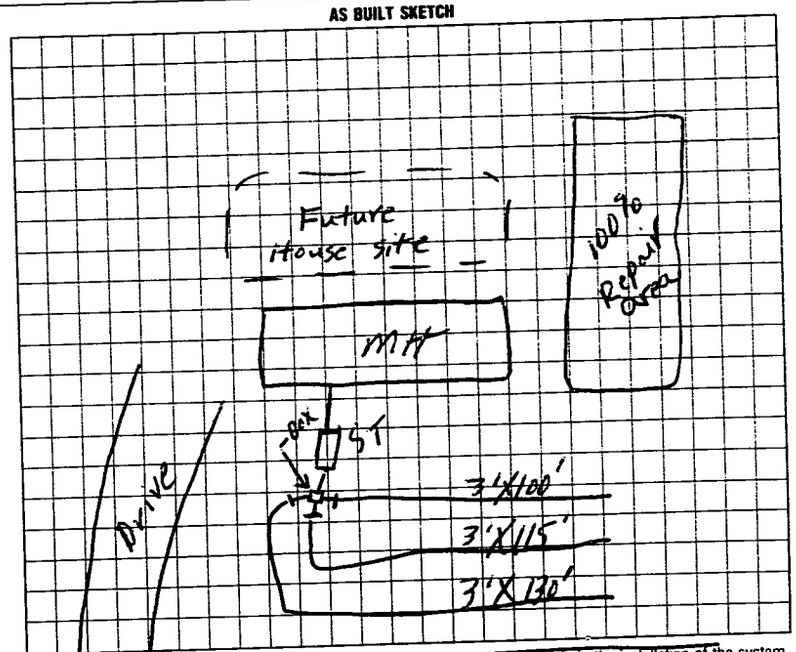
Auto. Washing Machine: ☑ Yes ☐ No

Other

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. Improvement Permit is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: L. C. Moore date 3-31-93

Existing System Inspection by: date

Installed by: Ray Cline

Certificate of Completion by: L. C. Moore date 9-30-93

Operation Permit by: date

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