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. 25066 DATE 6-24-97 TAX MAP NO. 10F-A-156 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR James M. William PHONE: Business Home 876 0930

ADDRESS 163 East Edison Dr. Statesville

LOCATION 21 N To Whites Fm across from Greystone

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1 acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8-9-97

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:

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☑ Other

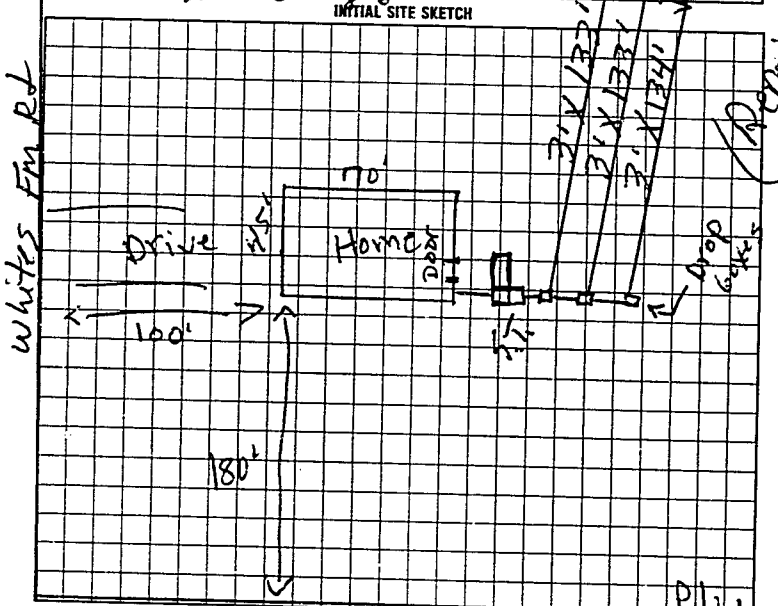
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

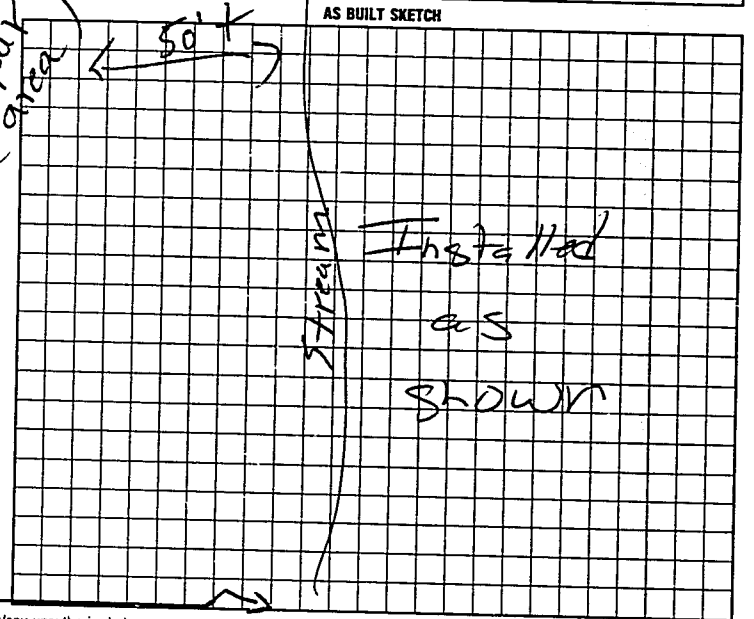
Replaces Permit issued 9-30-96 House location & Size Change

INITIAL SITE SKETCH



Comments:

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: Kay M Mellon

Improvement Permit by: E.C. Moore date 6-24-97

Existing System Inspection by: E.C. Moore date 6-24-97

Installed by: Tommy Fryb

Certificate of Completion by: date

Operation Permit by: Mat C Ont IRS date 12-11-97

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

Authorization to Const.

Authorization to Const Expires 60 mos from issue