12:00 059967

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. 22666 DATE 3-27-96 TAX MAP NO. 106-B-47 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Linda Burchette PHONE: Business _____ Home _____

ADDRESS 160 Taurus Lane

LOCATION 21N Th Jennings Rd Th Taurus Lane 1/4mi Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 21,090 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2-11-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth N/A

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

System Description: Gravity/Gravelesschamber

Repair System Description: 1L / 1V / 1L

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

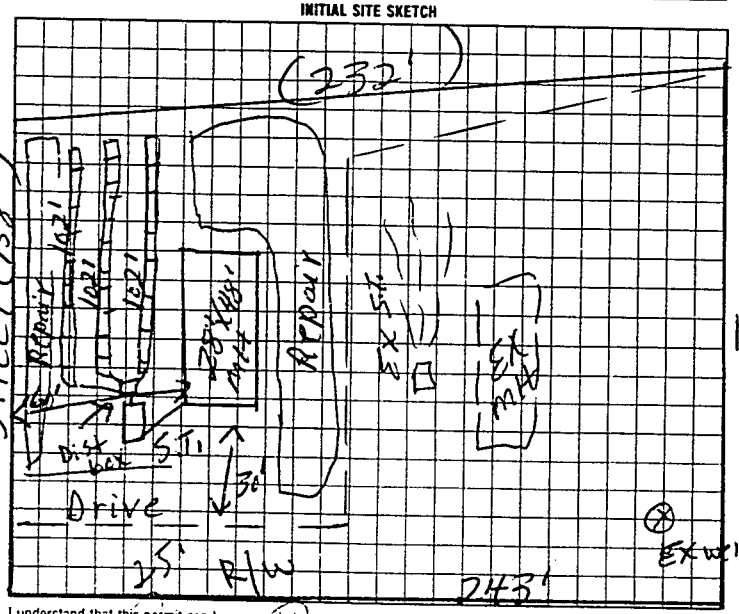
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public
well next door

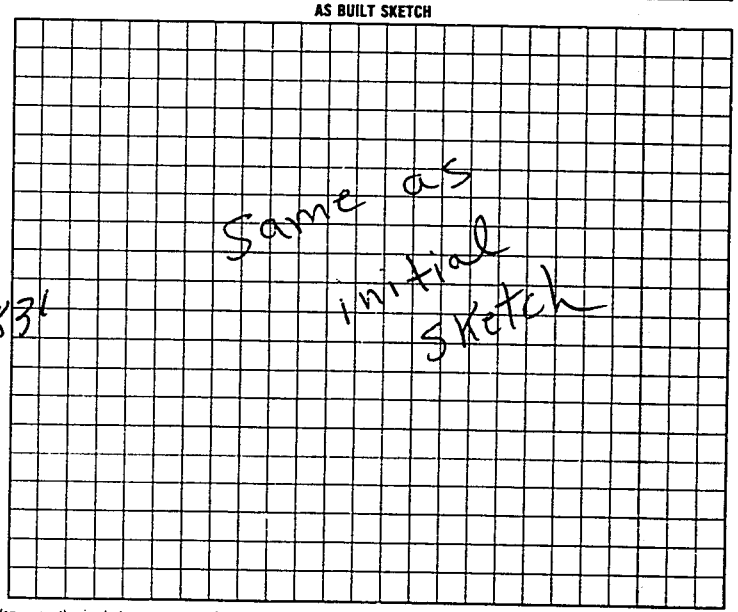
Comments:

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 R.C. Moore date 3-27-96

Authorization to Existing System inspection by R.C. Moore date 3-27-96

To Count.

Installed by: Tommy Frye

Certificate of Completion by: _____ date _____

Operation Permit by R.C. Moore date 4-16-96

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

Authorization to Count. Expires 60 mos from issue