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. 20233 DATE 2-20-95 TAX MAP NO. 10G -4-98 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Ernest Runge PHONE: Business _____ Home 872-6645

ADDRESS 374 Long Island Road Sta

LOCATION 2 1/2 W TL Jennings Rd 1/2 mi on left

SUBDIVISION Bethany Woods BLOCK / SECTION _____ LOT 2 LOT AREA 5.02 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 135

Septic Tank: 1000 Gallons; STB 794 Date 3-1-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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 ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

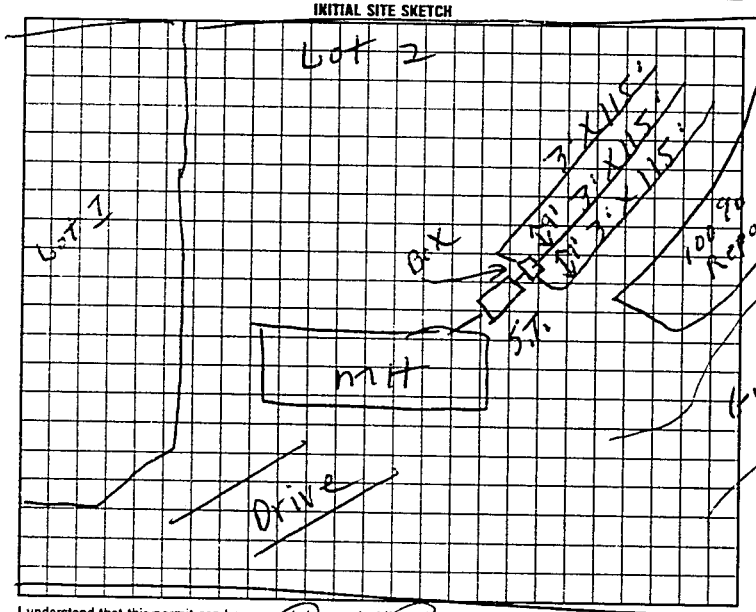
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

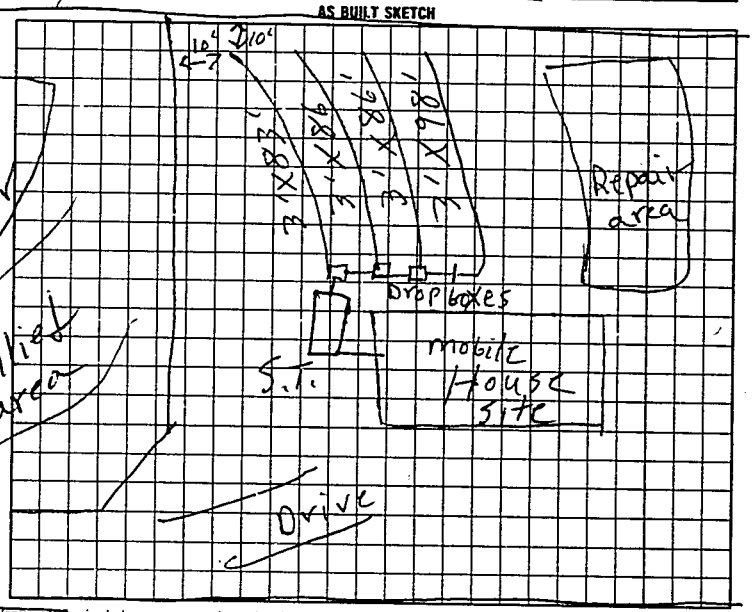
Comments:

Comments: Mobile Home was Not set at time of this inspection Keep the MH at least 5' from S.T. System or Repair area

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: E.C. Moore date 2-20-95

Existing System Inspection by: _____ date _____

Installed by: James Hutler

Certificate of Completion by: E.C. Moore date 5-24-95

Operation Permit by: _____ date _____

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