48607 1:30

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. 16902 DATE 9-1-93 TAX MAP NO. 104-1-A-31

OWNER OR CONTRACTOR Alan Lewis PHONE: Business _____ Home 878 2305

ADDRESS Rt 4 Box 202-3 Sta

LOCATION 21N TL Jennings Rd TR Renes Rd TL Ambelside Dr 1/8 mi on Rt MILLSTONE

SUBDIVISION Ambelside BLOCK / SECTION 1 LOT 31 LOT AREA 110X1000 SITE CLASS. P.S. L.T.A.R. .35

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB 1012 Date 8/22/93

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines 3 Trench Width 36 Trench Depth 18+36 Gravel Depth 12

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☐ Yes ☑ No

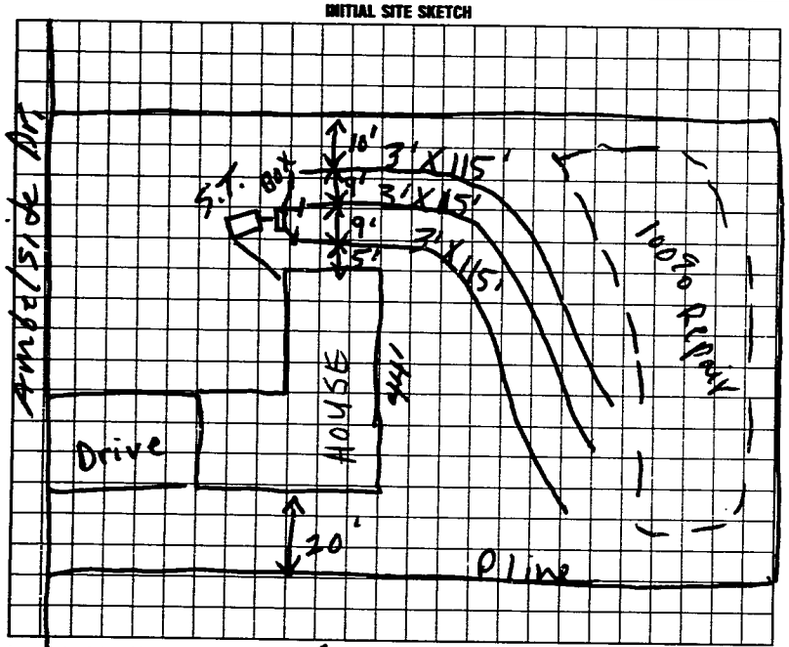
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

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

Comments _____

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: x Alan Lewis

Improvement Permit by: R. C. Moore date 9-1-93

Existing System Inspection by: _____ date _____

Installed by: Tommy Frye

Certificate of Completion by: Steve Herrick date 11/10/93

Operation Permit by: _____ date _____

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