IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 46760

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 1603N DATE 9-22-93 TAX MAP NO. 10H-1-A-14

OWNER OR CONTRACTOR Brad Borders PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Reeves Rd To millstone Dr, Near end on left

SUBDIVISION Ambleside BLOCK / SECTION I LOT 14 LOT AREA 110'X235' SITE CLASS. PS. L.T.A.R. .35

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: ~~1250~~ 1000 Gallons; STB 356 Date 8-11-93

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines 4 Trench Width 36 Trench Depth ~~18~~ 36 Gravel Depth 12

☑ New System ☐ Repair System Type: I 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

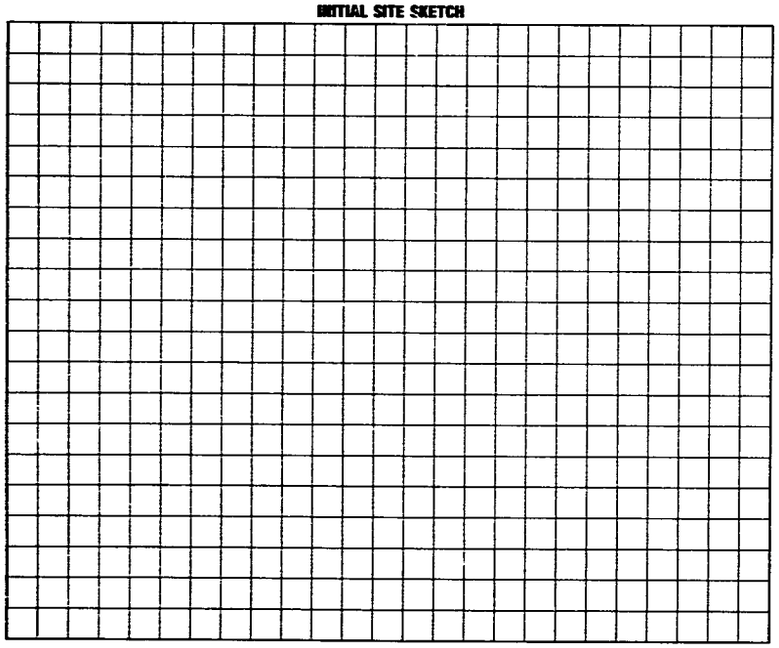
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

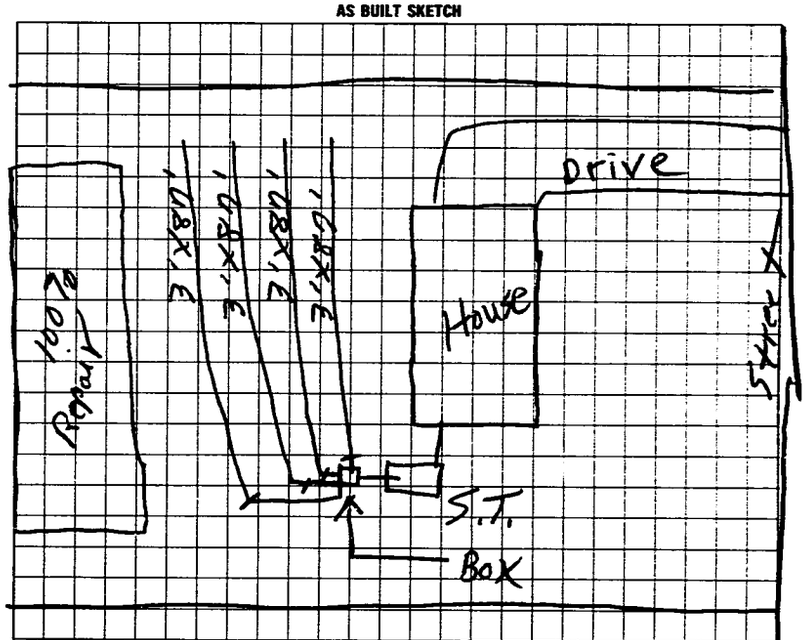
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments _____

INITIAL SITE SKETCH



AS BUILT SKETCH



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: _____ Installed by: David Yount

Improvement Permit by: L. C. Moore date 7-30-93 Certificate of Completion by: L. C. Moore date 9-22-93

Existing System Inspection by: _____ date _____ Operation Permit by: _____ date _____

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