47034

IREDELL COUNTY HEALTH DEPARTMENT

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

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

TAX MAP NO. 10K-A-46-81

PROPERTY DESCRIPTION NO. 15661 DATE 8-24-93 PHONE: Business ______ Home ______

OWNER OR CONTRACTOR Gary + June Hawks

ADDRESS

LOCATION 21 N TL Jennings Rd TR Reeves Rd TL Ambelside Drive Almost to end on L

SITE CLASS. PS L.T.A.R. .35

SUBDIVISION Amblesite BLOCK / SECTION 1 LOT 15 LOT AREA 110' X235'

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB 1012 Date 6-23-93

Pump Tank: ______ Gallons; PT ______ Date ______

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4 Trench Width 36 Trench Depth 18to36 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 ______

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

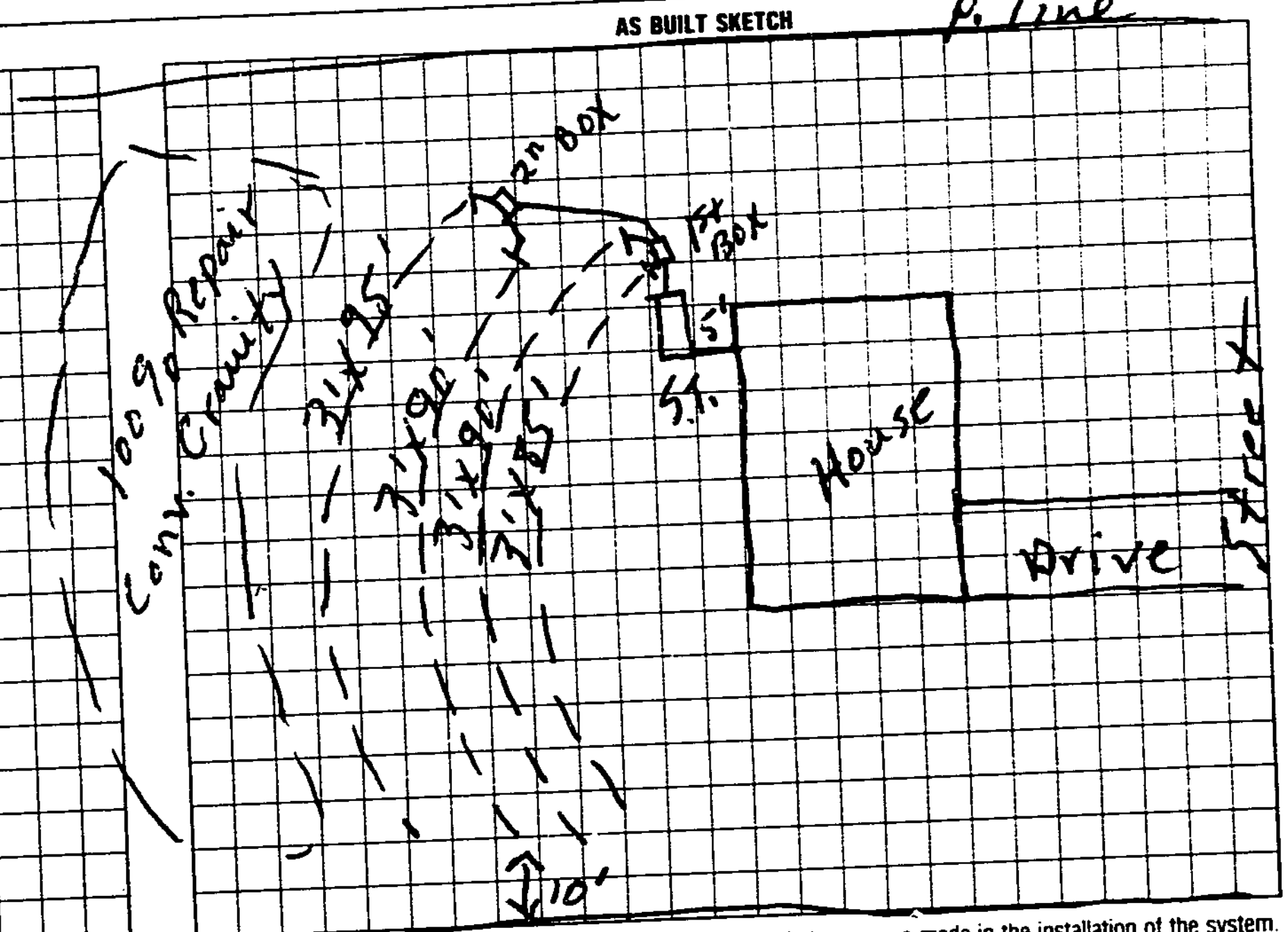
Other ______

☐ 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: ______

Improvement Permit by: f. C. Moore date 4-15-93

Existing System Inspection by: ______ date ______

Installed by: Tommy Frye

Certificate of Completion by: f. C. Moore date 8-24-93

Operation Permit by: ______ date ______

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