4750199598

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. 14695 DATE 4/27/95 TAX MAP NO. 4L 3A 35 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Steve Freeman PHONE: Business _____ Home _____

ADDRESS _____

LOCATION _____

SUBDIVISION Summitree BLOCK / SECTION _____ LOT 35 LOT AREA ~2.5AC SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 821 Date 3/14/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: CONV. - CONC.

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

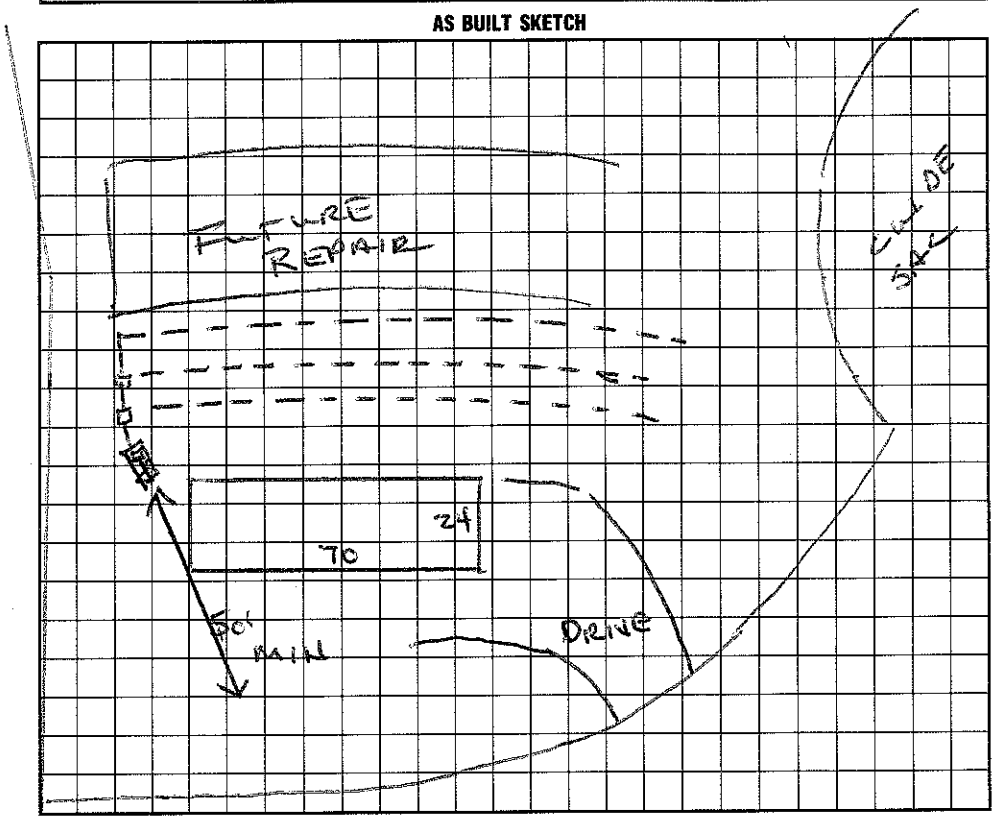
Water Supply: ☐ Individual ☐ Community ☐ Public

Comments:

Comments: Well not drilled 4/27/95

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: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Dan Contracting

Certificate of Completion by: Wesley Sparks R.S. date 4/27/95

Operation Permit by: _____ date _____

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