9:30-10:00

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. _____ DATE 1-20-96 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Jack Gray PHONE: Business _____ Home 528-3271

ADDRESS 105 winbrook Dr.

LOCATION 215 TL Amity os/wat TR overcash TL winbrook 1st mail left

SUBDIVISION Winbrook BLOCK / SECTION _____ LOT _____ LOT AREA 3/4 acre SITE CLASS #5 DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: EX. Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees _____

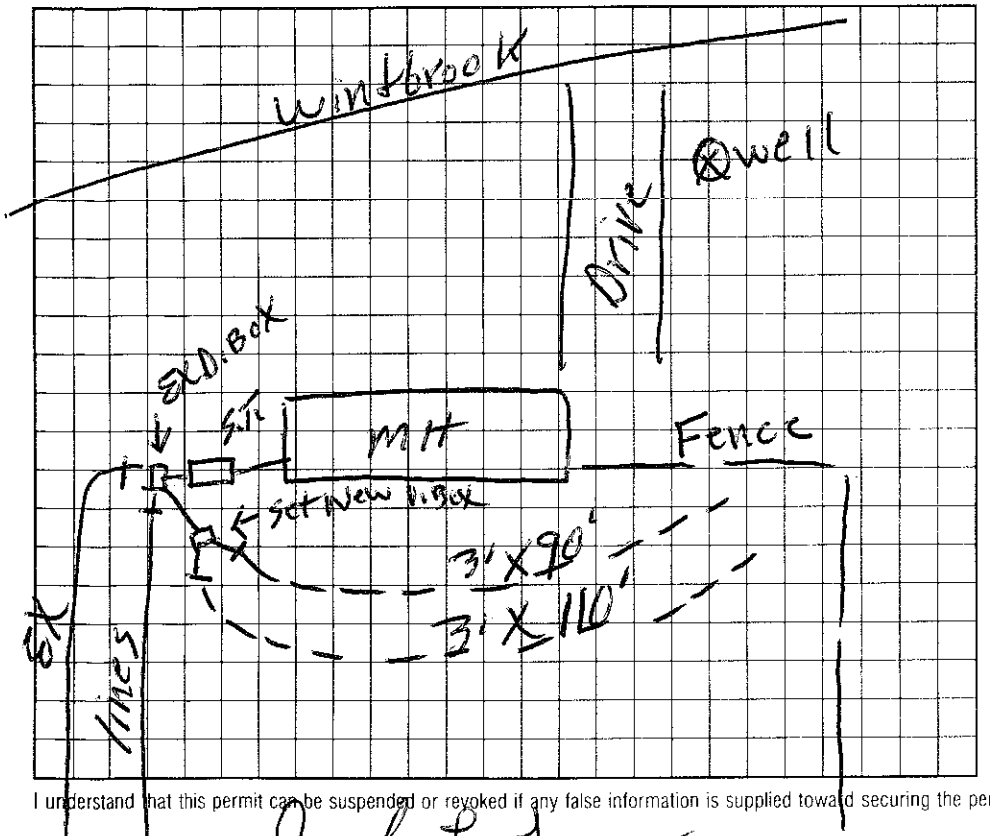
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: All waste water must be disposed of In S.T. System

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.

Signed: X Jack L Gray

Improvement Permit by: E.C. moore date 1-20-96

Existing System Inspection by: E.C. moore date 1-20-96

Authorization to construct

Installed by: WES LYTTON

Certificate of Completion by: _____ date _____

Operation Permit by: C. B. F. RS date 2/9/99

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

authorization to const. Expires 60 mos from issue