63353

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. 24943 DATE 9-9-96 TAX MAP NO. 5K-A-63 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Tabitha Tabshen PHONE: Business Home 933-1334

ADDRESS 568 Shilon ch Rd

LOCATION MOE TR Shiloh Cross 3rt curb 2nt mH Rt.

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS DESIGN FLOW L.T.A.R.

Septic Tank: Gallons; STB Date	☐ New System ☐ Repair System Type: I, II, III, IV, V, VI	☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other	No. Bedrooms 3 No. Bathrooms 2 No. Employees
Pump Tank: Gallons; PT Date	System Description:		
Pump Make: Model Serial No.	Repair System Description:		
Nitrification Field: No Fields Square Feet Linear Feet	Maintenance Agreement Required: ☐ Yes ☐ No		
No Lines Trench Width Max Trench Bottom Depth Gravel Depth	☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing		

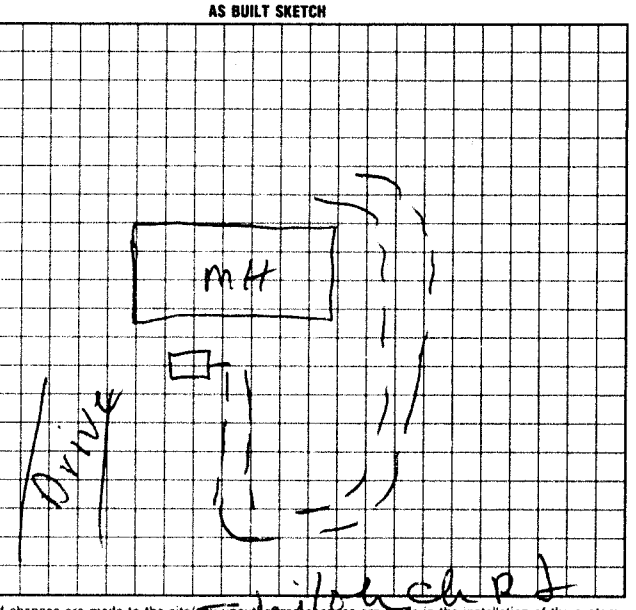
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

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:

Improvement Permit by: date

Existing System Inspection by: R.C. Moore date 9-9-96

Installed by:

Certificate of Completion 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