PIN# 4752-84-4689

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. 26387 DATE 3/20/97 TAX MAP NO. 4770-07-6806 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Jeff Parker PHONE: Business 663-4410 Home 663-0050

ADDRESS 7229 George Hildebrand School Rd

LOCATION Hwy 115 N TR Shinnville Rd ~5 miles on right just after Homeview Dr

SUBDIVISION Crestview BLOCK / SECTION ____ LOT 3 LOT AREA .55 Acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: Existing Gallons; N/A Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth ____

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: ☐ Individual ☒ Community ☐ Public

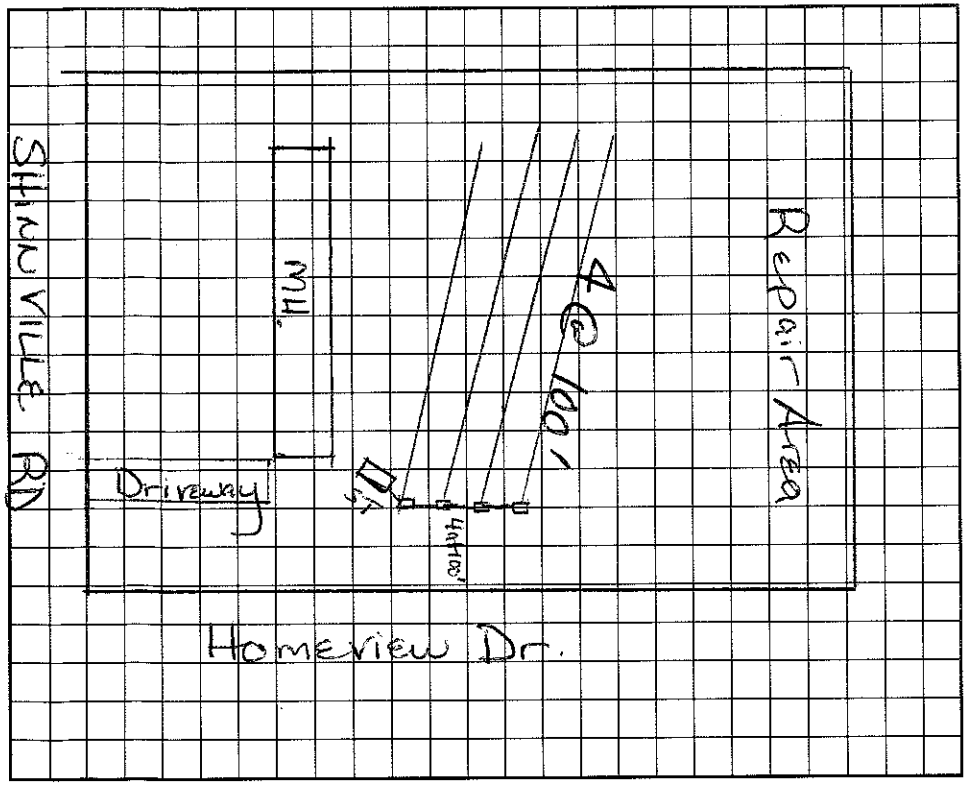
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:

Comments:

INITIAL SITE SKETCH

Scale 1:50



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: Michael Camp

Improvement Permit by: ____ date ____

Existing System Inspection by: C. Ray Zeamer date 3/20/97

Installed by: ____

Certificate of Completion by: ____ date ____

Operation Permit by: C. Ray Zeamer date 3/20/97

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