PIN# 4752-84-5630

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. 19722 DATE 11/22/94 TAX MAP NO. 4J-1-A-2 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Jeffery Parker PHONE: Business _____ Home 324-5175

ADDRESS Rt 4 Box 625 Hickory, NC. 28602

LOCATION Shinnicliffe Rd. ~ 1 mi on (R)

SUBDIVISION Creekview BLOCK / SECTION _____ LOT 2 LOT AREA ~ 30,000 FT² SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 781 Date 8/15/94
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 8 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONV - DROP BOXES
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

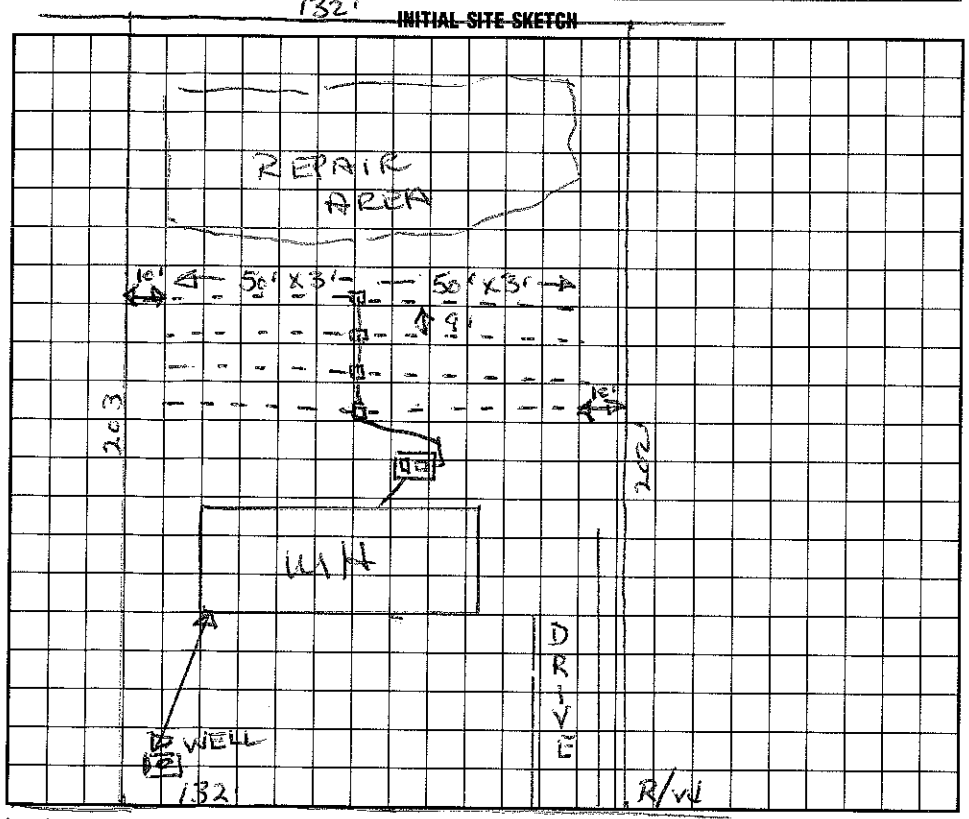
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

Comments:

Comments:
Installed as shown on IP.

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: Jeffery Lee Parker

Improvement Permit by: Wesley Sparks RS date 11/22/94

Existing System Inspection by: _____ date _____

Installed by: Doug Heatherway

Certificate of Completion by: Wesley Sparks RS date 12/14/94

Operation Permit by: _____ date _____

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