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 6-4-93 TAX MAP NO. _____

OWNER OR CONTRACTOR Cynthia Rodrigues PHONE: Business _____ Home _____

ADDRESS 2812 Twin Oaks Rd

LOCATION same as above

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1/2 acre+ SITE CLASS. PS L.T.A.R. .3

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: EX Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 2 Square Feet 750 Linear Feet 250

No Lines 2 Trench Width 36 Trench Depth 24 Gravel Depth 12

☐ New System ☐ Repair System Type: I. II. IV. V. VI

System Description: Conv. Gravity

Repair System Description: ↘

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms _____ Garbage Disposal: ☐ Yes ☐ No

☐ Mobile Home No. Bathrooms _____ Auto. Dishwasher: ☐ Yes ☐ No

☐ Business No. Employees _____ Auto. Washing Machine: ☐ Yes ☐ No

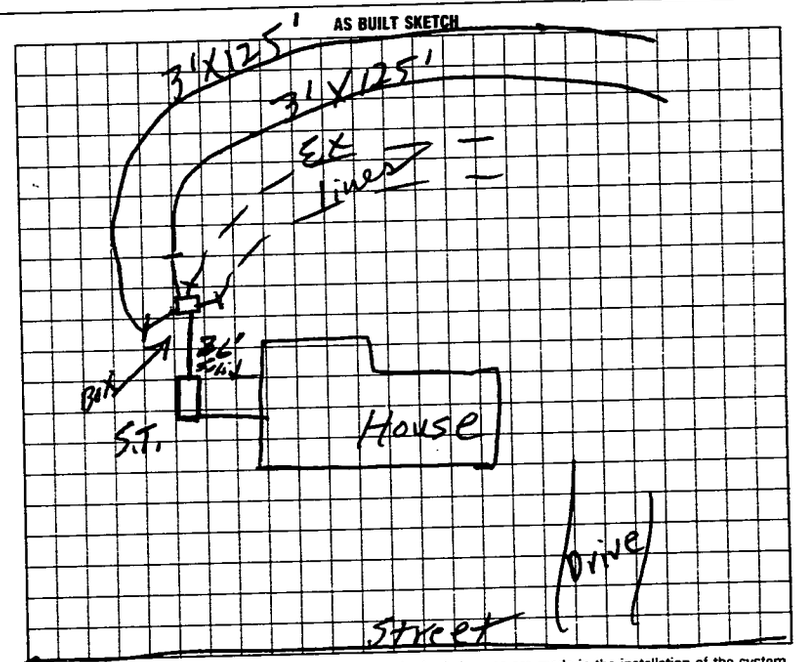
☐ Other _____ Other _____

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

Comments New D. Box Set

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: R.C. moore date 5-10-93

Existing System Inspection by: _____ date _____

Installed by: Forest Shuffont

Certificate of Completion by: R.C. moore date 6-4-93

Operation Permit by: _____ date _____

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