IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

56665

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 21090 DATE 6-15-95 TAX MAP NO. 5T-13-A-5,6 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Jeanenne Carson PHONE: Business _____ Home 872 3440

ADDRESS 1138 King Rd Statesville

LOCATION 70E TL Endsite Dr TR E. Greenbrair lot on left Past Twinoaks Rd

SUBDIVISION Absher property BLOCK / SECTION _____ LOT 5+6 LOT AREA 191 X 169 SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB 1012 Date 8-7-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 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. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

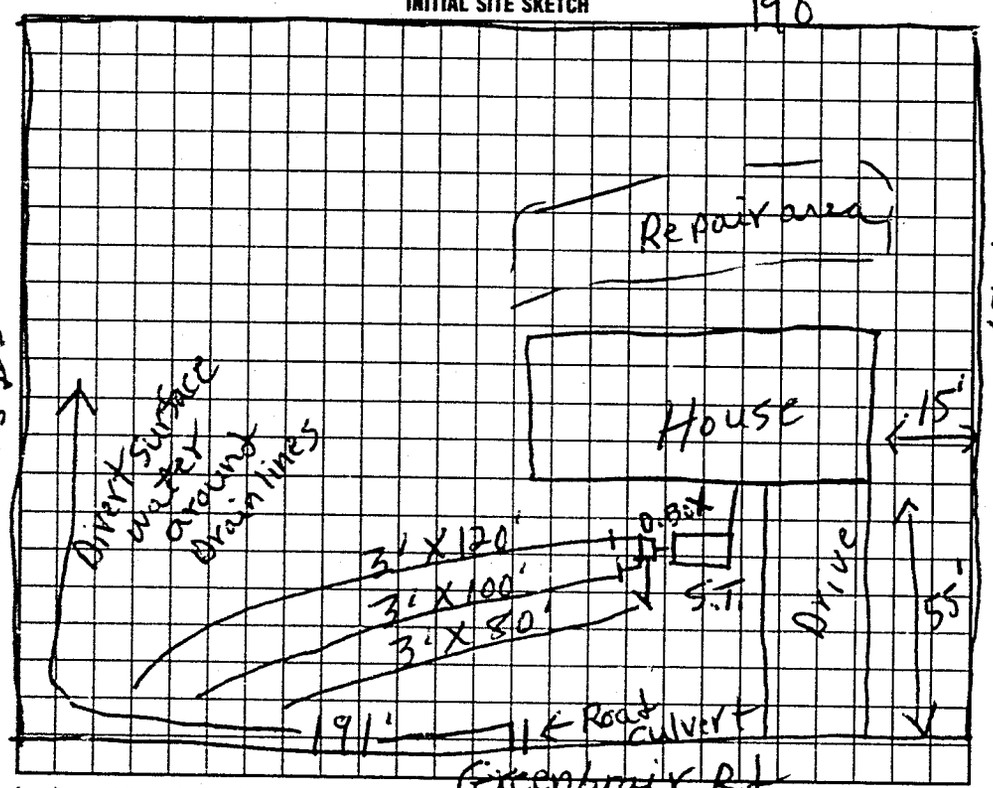
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: X Jeanenne Carson

Improvement Permit by: P.C. Moore date 6-15-95

Existing System Inspection by: _____ date _____

Installed by: Tommy Frye

Certificate of Completion by: T. Frye P.C. Moore date 10-17-95

Operation Permit by: _____ date _____

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