48118

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 7-22-93 TAX MAP NO. 108-4-A-21

OWNER OR CONTRACTOR Lan Tex Inc. PHONE Business 872-9869 Home _____

ADDRESS Corner Crawford Rd + Hatfield

LOCATION 114 Hatfield Rd

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

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date EX System

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Trench Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☑ Business ☐ Other Adding Warehouse Space

No. Bedrooms _____ No. Bathrooms _____ No. Employees _____

Garbage Disposal: ☐ Yes ☐ No

Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☐ Yes ☐ No

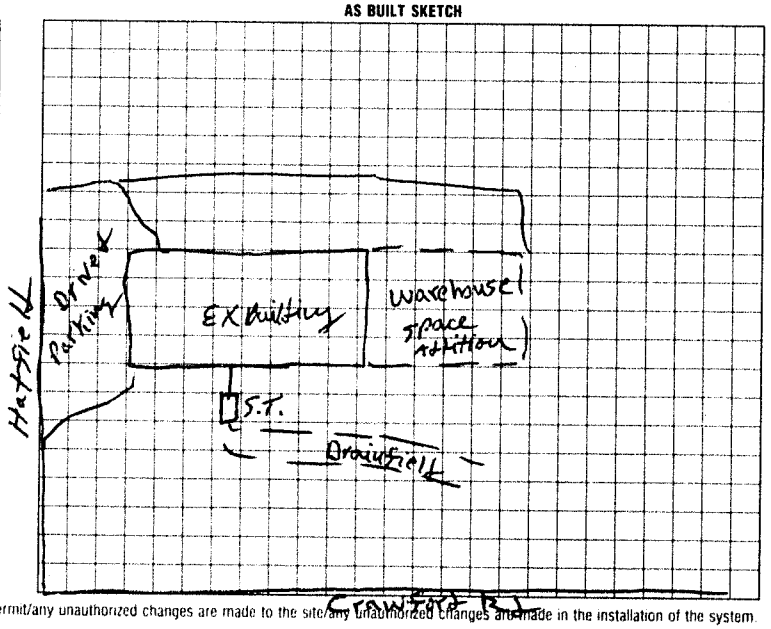
Other _____

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

Comments Adding Warehouse no plumbing or additional Employees

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: _____ date _____

Existing System Inspection by: R.C. Moore date 7-22-93

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