11:00 ~~4:30~~

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 5-11-96 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Bristol Givens PHONE: Business _____ Home 872 4524

ADDRESS 117 Iveybrook Rd

LOCATION US 64E TR Greenbriar 1ST ST. TL Iveybrook 2ND lot left

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

Septic Tank: Ex. Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 612 Linear Feet 204

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: _____

Repair System Description: Gravity Chambers

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

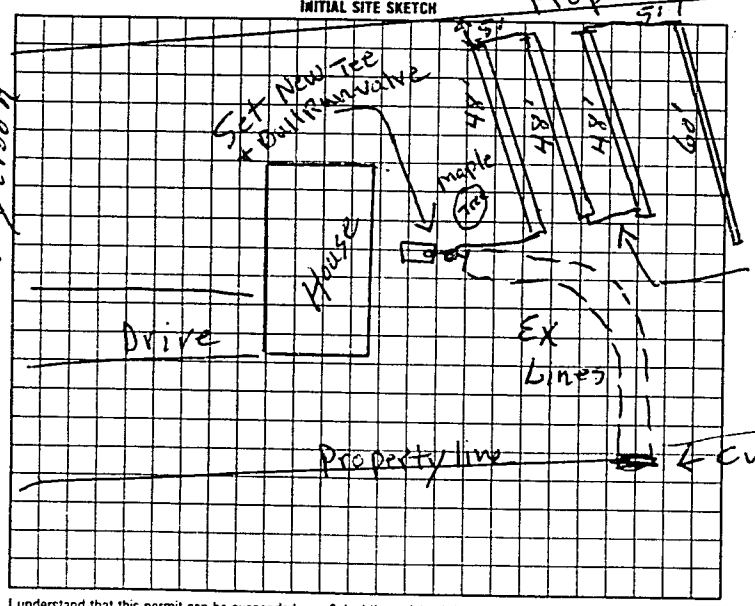
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

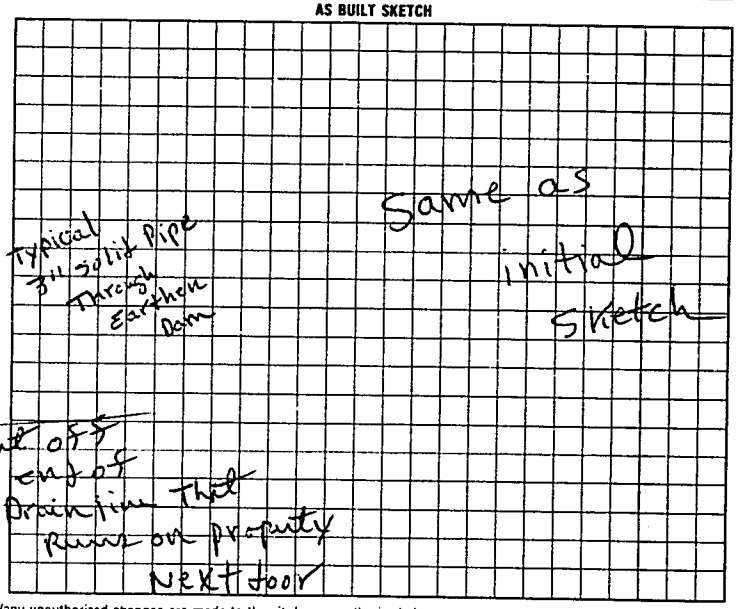
Comments:

Comments: New lines are on Number 1 on valve

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.

Signed: X Bristol D. Givens

Improvement Permit by: L. C. moore date 5-11-96

Authorization to Existing System Inspection by: L. C. moore date 5-11-96

Installed by: Sammy Reavis

Certificate of Completion by: _____ date _____

Operation Permit by: L. C. moore date 6-19-96

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

authorization to Count Expires 60 mos from issue

to count.