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. 21993 DATE 10-16-95 TAX MAP NO. 103-A-32 (PART) Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR RONNY F. BASS PHONE: Business Home 876-2873

ADDRESS 375 JANE SOWERS RD STATESVILLE NC 28677

LOCATION US 21 N, TR JANE SOWERS RD, 2ND DWELLING ON LEFT PAST CARL AUSTIN ROAD

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.8 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet EXISTING

No Lines 3 Trench Width Max Trench Bottom Depth

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

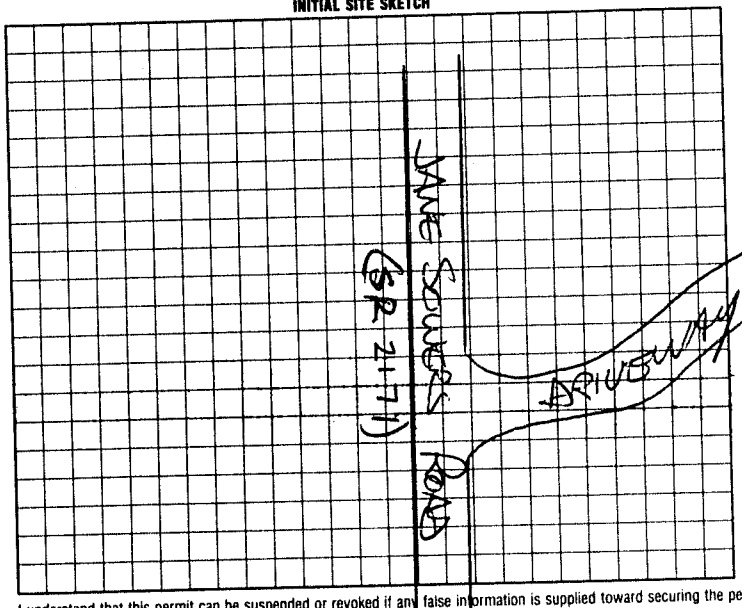
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☐ Individual ☐ Community ☒ Public

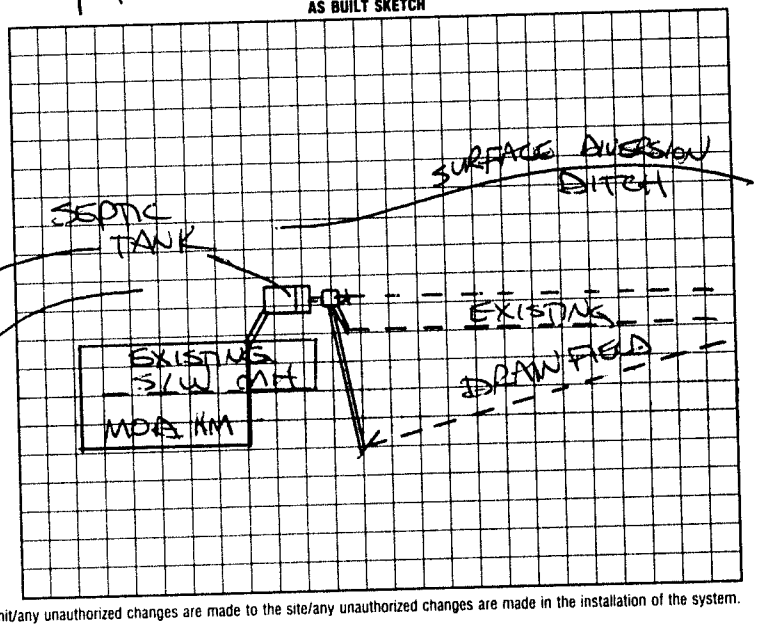
Comments:

Comments: ① S/W MH TO BE REMOVED UPON OCCUPANCY OF MOD. HOME. ② KEEP BUILDING FOUNDATION MINIMUM 5' FROM SYSTEM

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: Installed by:

Improvement Permit by: date Certificate of Completion by: date

Existing System Inspection by: STEVE HEARICK date 10/16/95 Operation Permit by: date

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