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. 18635 DATE 6-7-94 TAX MAP NO. Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Tim Harris PHONE: Business Home 876-6695

ADDRESS Rt 18 Box 171 Sta

LOCATION 21 N Past I-77 TR Ray Pope cul end

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

Septic Tank: Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description:

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 1

☐ Business No. Employees

☐ Other

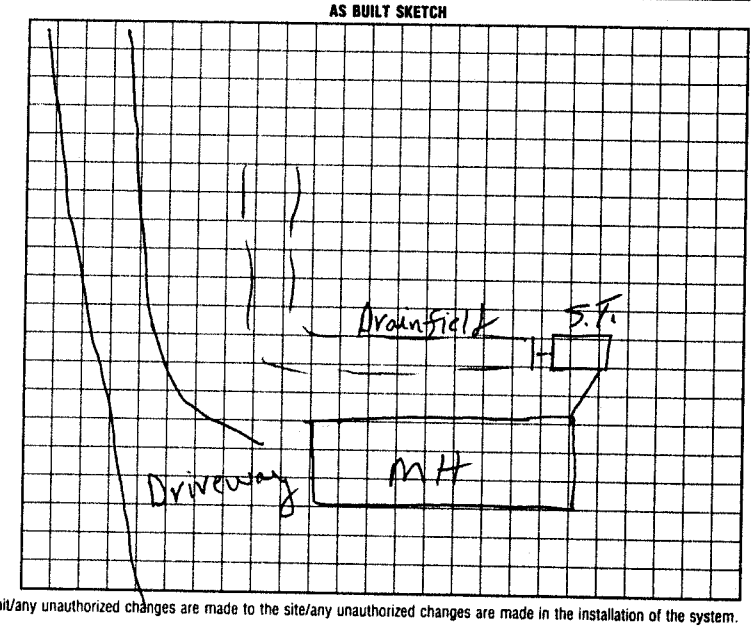
Water Supply:
☐ Individual
☐ Community
☒ Public

Comments:

Comments:

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: P. C. Moore date 6-7-94

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