4:30 61649

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. 23639 DATE 6-24-96 TAX MAP NO. 10B-2-52 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Bill Owen PHONE: Business Home 876-2149

ADDRESS 177 Renaissance Pl Statesville

LOCATION 21 N TR Jane Sowers TR Meadowview 1/4mi RT

SUBDIVISION Meadowview BLOCK / SECTION LOT 52 LOT AREA 1.38 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1110 Linear Feet 370

No Lines 6 Trench Width 36" Max Trench Bottom Depth 31" Gravel Depth N/A

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

System Description: Gravity Chamber

Repair System Description: Pump to Panels

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees

☐ Other

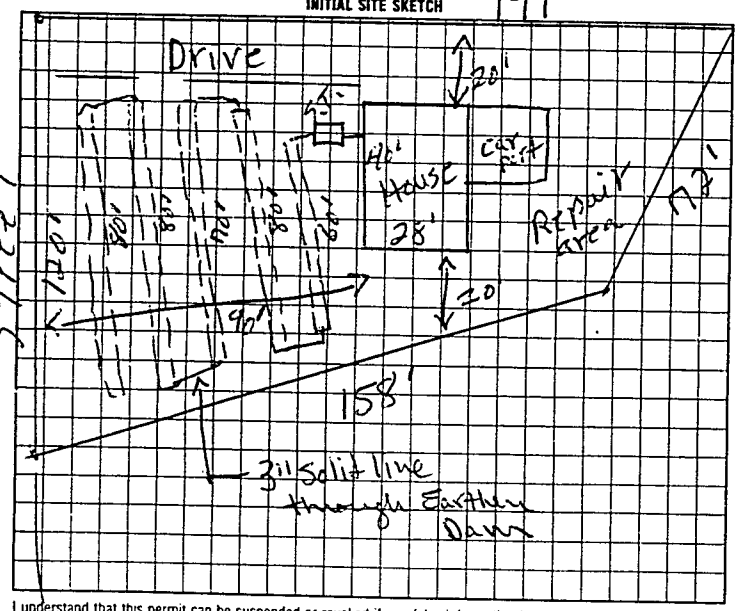
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

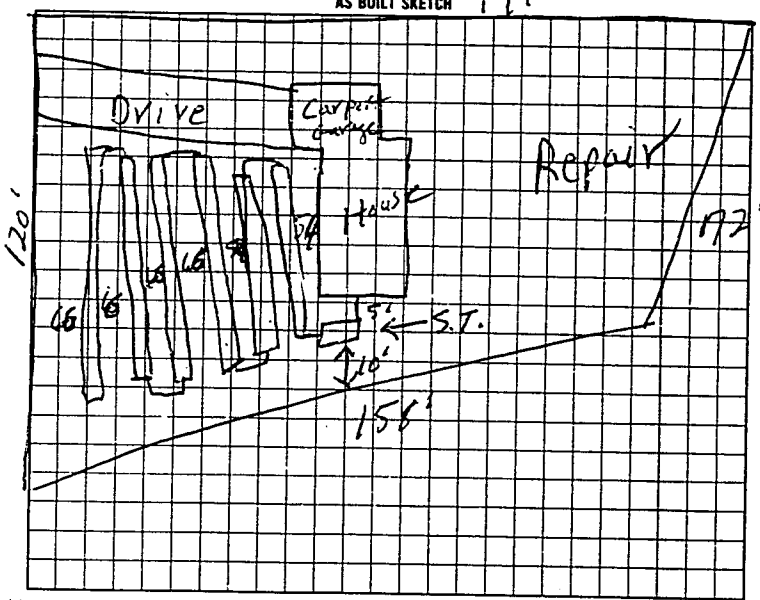
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Bill Owen

Improvement Permit by: F.C. Moore date 6-24-96

Authorization ~~Existing System Inspection~~ by: F.C. Moore date 6-24-96

to Count.

Installed by: Tommy Frye

Certificate of Completion by: date

Operation Permit by F.C. Moore date 3-17-97

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

Authorization to count EXPIRES 6 times Transmissal