IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

53300

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19616 DATE 10-21-94 TAX MAP NO. 106-6-A-12 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Alan Fewis PHONE: Business ____ Home 878-2305

ADDRESS 488 White Oak Branch Rd Sta.

LOCATION Old Mocksville Rd TL Jane Sievers on left before Donna Lane

SUBDIVISION Meadowview BLOCK / SECTION ____ LOT 12 LOT AREA 100' X ~~200'~~ 195' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 135

Septic Tank: 1000 Gallons; STB 1012 Date 12-13-95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

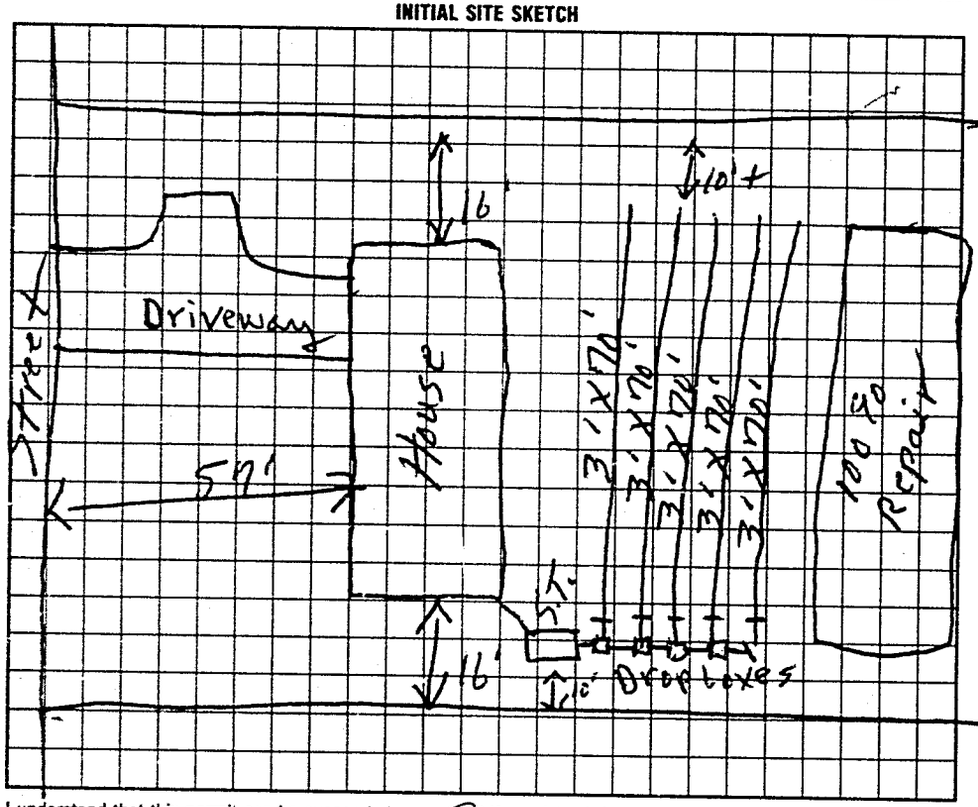
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: x Alan Fewis

Improvement Permit by: J.C. Moore date 10-21-94

Existing System Inspection by: ____ date ____

Installed by: Tommy Frye

Certificate of Completion by: J.C. Moore date 1-24-95

Operation Permit by: ____ date ____

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