50995

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. 18209 DATE 4-7-94 TAX MAP NO. 106-7-A-2 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Elsie T. Starrette PHONE: Business Home 910 288 3561

ADDRESS 1615 Red Forest Rd Greensboro

LOCATION Hwy 21 N TR Jane Souza 1st Ent. To Baymount 2nd lot on left

SUBDIVISION Baymount BLOCK / SECTION LOT 32 LOT AREA 150'X200' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 135

Septic Tank: 1000 Gallons; STB 1012 Date 6-29-94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No. Beds 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: Pump To Conv. Lines

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees

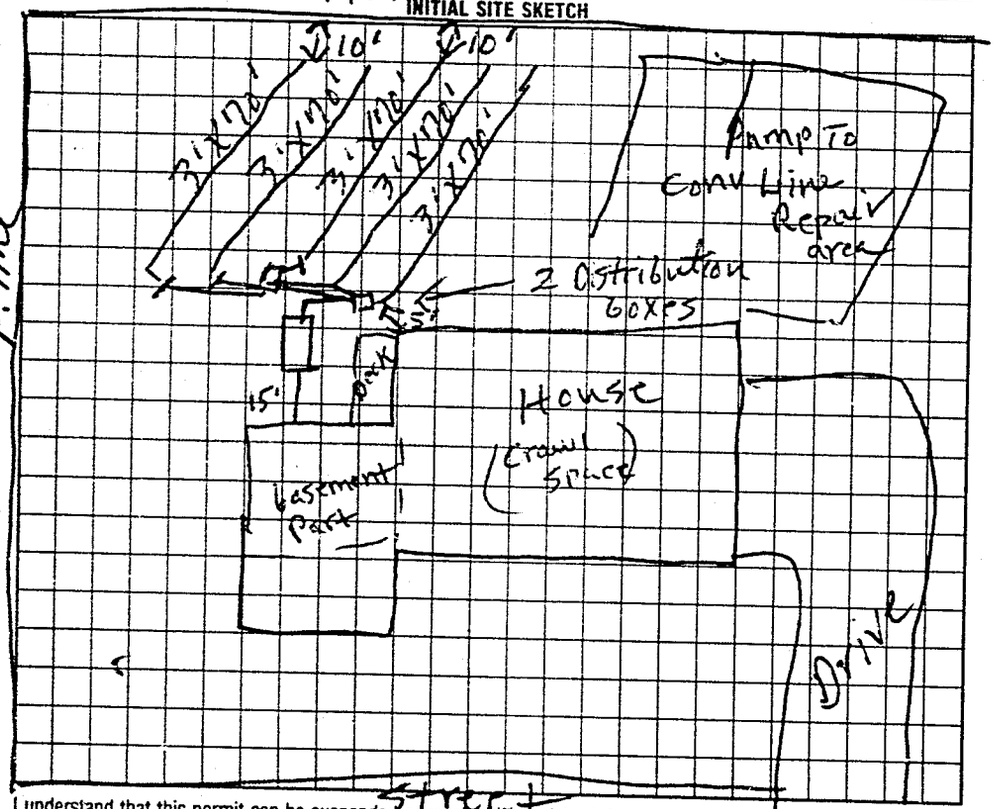
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

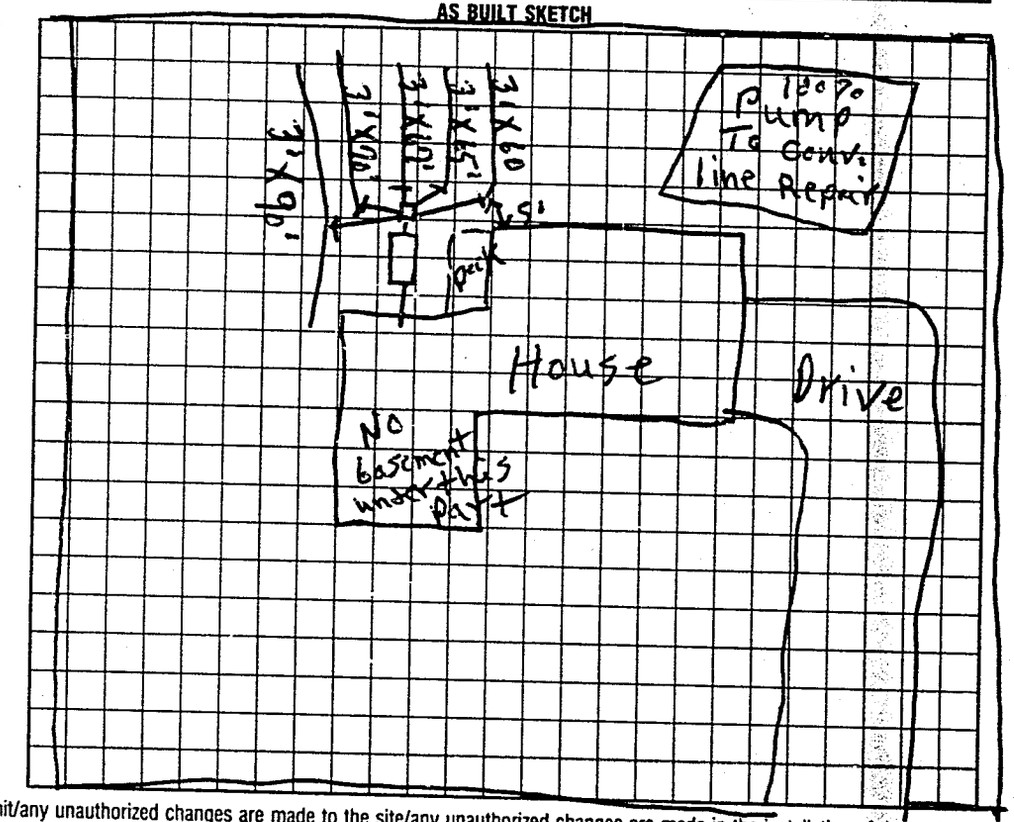
Comments:

Comments: basement was Not installed

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: X Ray B Warren

Improvement Permit by: P.C. moore date 4-7-94

Existing System Inspection by: date

Installed by: ~~X~~ Tommy Frye

Certificate of Completion by: P.C. moore date 9-23-94

Operation Permit by: date

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