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. _____ DATE 6-9-93 TAX MAP NO. _____

OWNER OR CONTRACTOR Gladys Clanton PHONE: Business _____ Home _____

ADDRESS _____

LOCATION US 21 N on left before Dunlap Gate Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS: _____ L.T.A.R. _____

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: Ex. Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 160

No Lines 2 Trench Width 72" Trench Depth 24" Gravel Depth 18"

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

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms _____

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

Garbage Disposal: ☐ Yes ☐ No

Auto. Dishwasher: ☐ Yes ☐ No

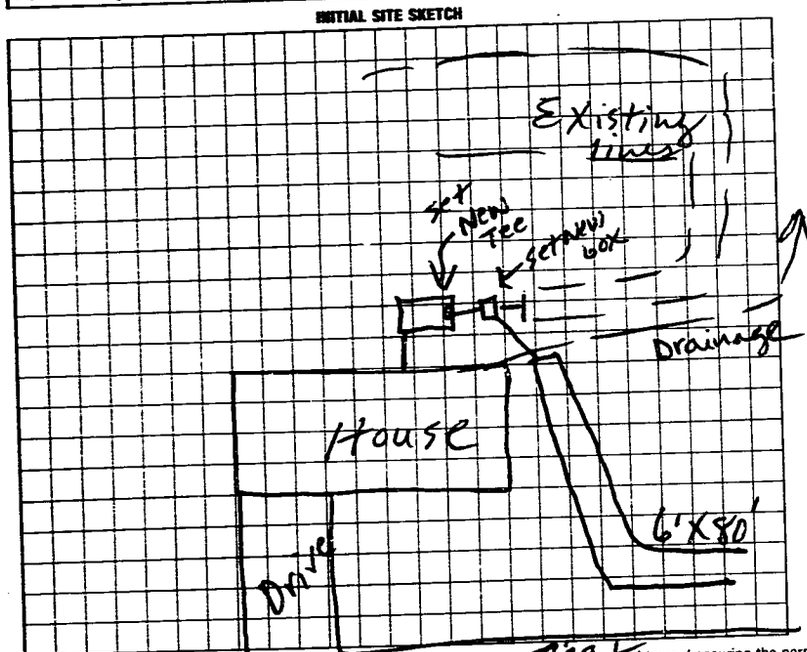
Auto. Washing Machine: ☐ Yes ☐ No

Other _____

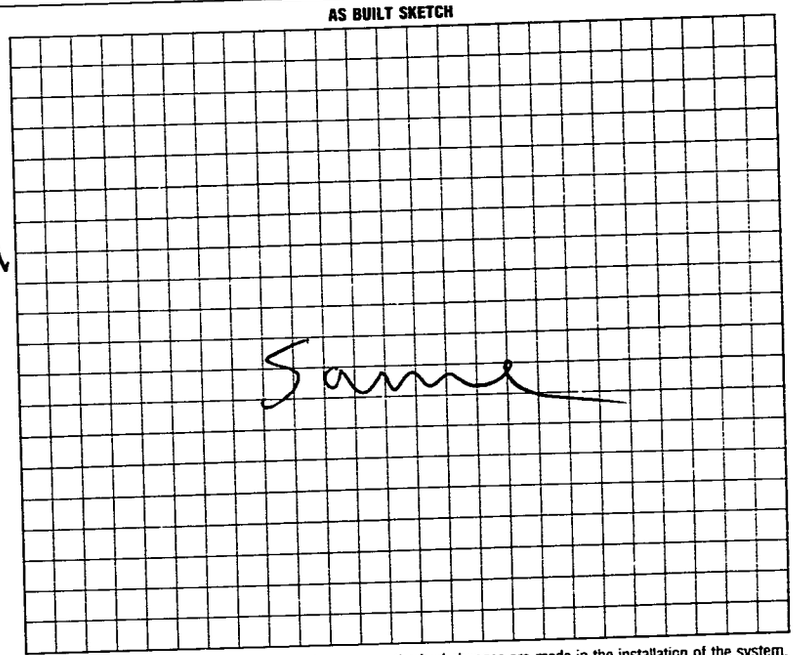
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments Check All Plumbing leaks & repair these leaks

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: Thomas Frye agent for Gladys Clanton Installed by: Tommy Frye

Improvement Permit by: L. C. Moore date _____ Certificate of Completion by: L. C. moore date 6-22-93

Existing System Inspection 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