# 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. 25386 DATE 1/22/97 TAX MAP NO. 46-4-47 portof Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR LARRY BRANDON PHONE: Business _____ Home ~~873-4497~~

ADDRESS 172 HANFORD RD

LOCATION SHINVILLE RD - WEATHERS CREEK RD - TL HANFORD RD - ON RT

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA .679 Ac SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. —

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: EXISTING Gallons; NF 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

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

Water Supply:
☑ Individual
☐ Community
☐ Public

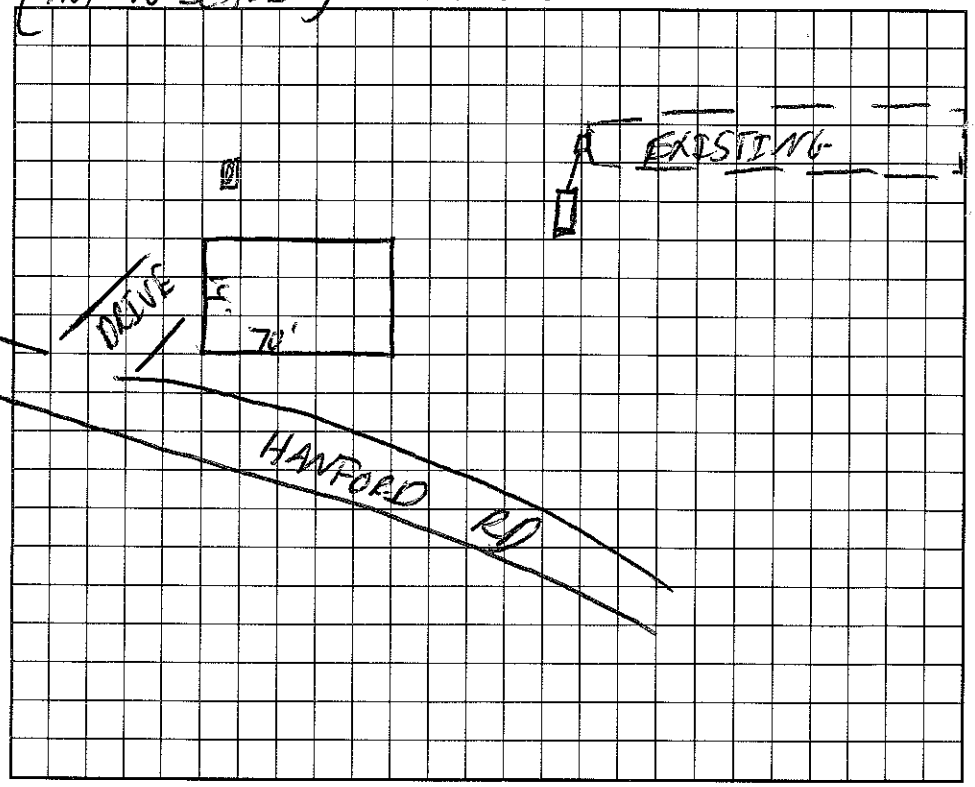
Comments:

Comments: WELL FROM NEIGHBOR

**INITIAL SITE SKETCH**

(NOT TO SCALE)

**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: [signature] date 1/22/97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] date 1/22/97

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