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. 21394 DATE 6-14-95 TAX MAP NO. JB-2-C-32 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Robin Hudson PHONE: Business _____ Home 704-948-4495

ADDRESS 11376 McCoy Rd Huntersville

LOCATION 70E TR Bethesda TR Fieldcrest before exit on Rt

SUBDIVISION Woods Haven BLOCK / SECTION _____ LOT 32 LOT AREA 2.11 acres SITE CLASS _____ DESIGN FLOW 360 L.T.A.R. .4

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

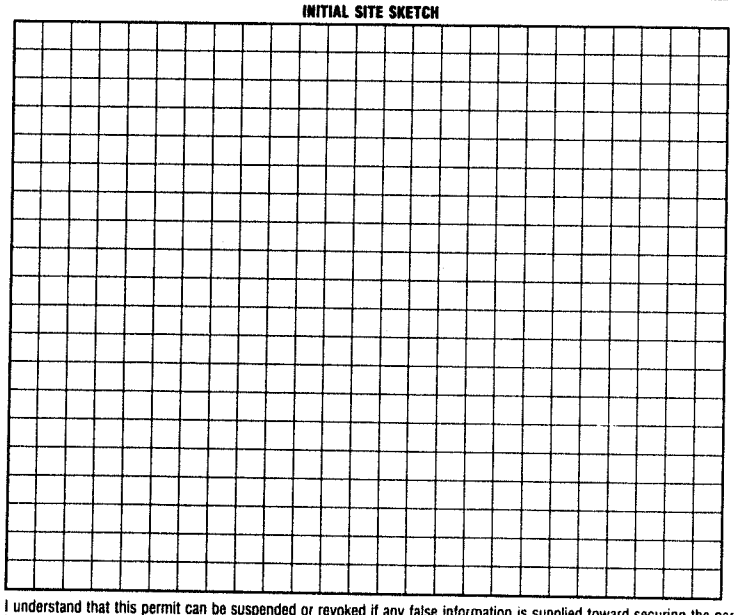
☐ Other _____

Water Supply: ☑ Individual ☐ Community ☐ Public

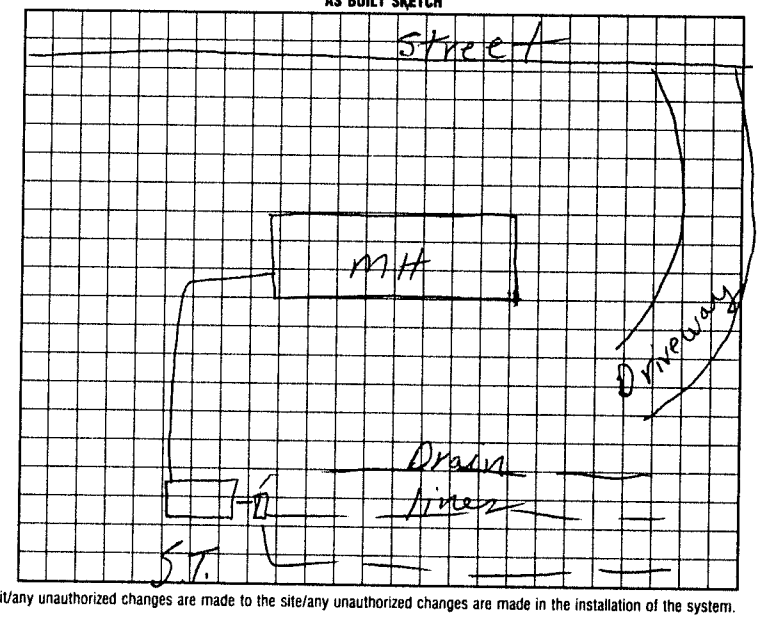
Comments:

Comments: Keep mobile Home at least 5' from any part of Septic Tank System

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: R. C. Moore date 6-14-95

Installed by: F. J. Ervin

Certificate of Completion by: R. C. Moore date 8-28-87

Operation Permit by: _____ date _____

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