IREDELL COUNTY HEALTH DEPARTMENT

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

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

Const Auth

PROPERTY DESCRIPTION NO. 069172 DATE 10-6-97 TAX MAP NO. 4761632454 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Jennifer Cochran PHONE: Business _____ Home 528-5757

ADDRESS 116 Cochran Farm Ln Cleveland, NC 27013

LOCATION Oswalt Amity Rd TR Cochran Farm Ln at End (Cochran Farm Ln is just past

SUBDIVISION Tiles Cochran BLOCK / SECTION _____ LOT 4 PT LOT AREA 1.33 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB TP 1012 Date 7-28-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Line: ~~5 at 80'~~ 4 at 100' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description: Same

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

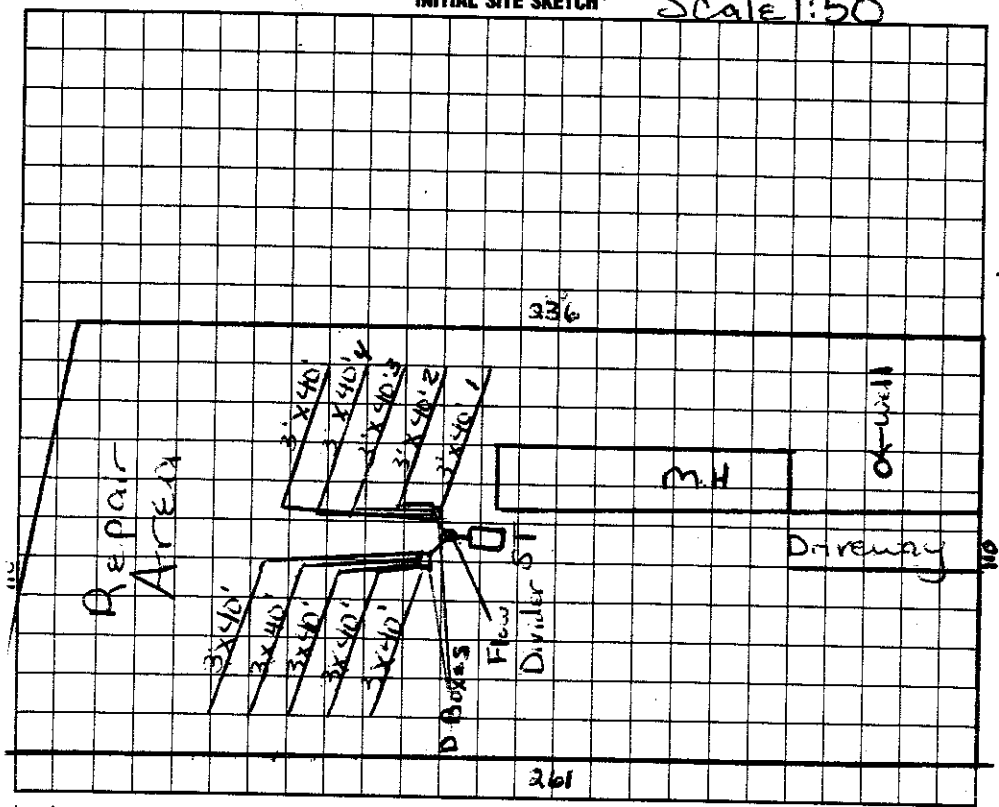
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Well must be "Drilled well"

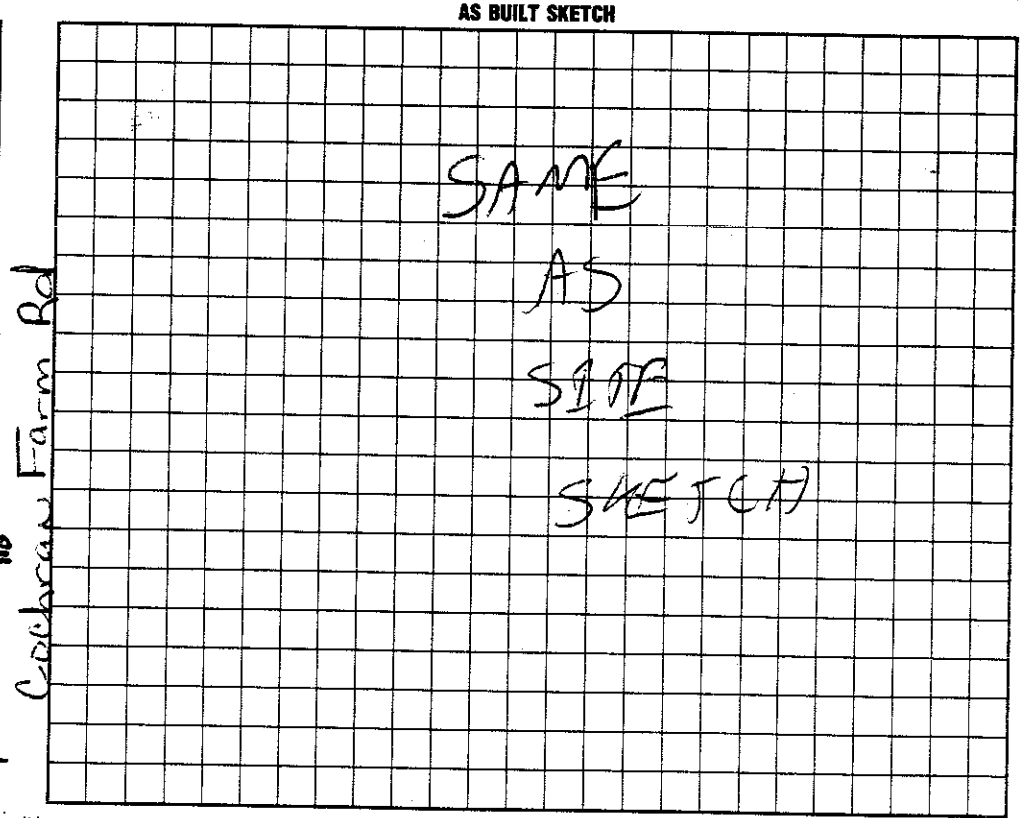
Flow divider to 2-D-boxes w/ Speed levelers

Comments: Tank checked & 4 Laterals on one subfield 10-16-97 DEH

INITIAL SITE SKETCH Scale 1:50



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: Virginia Brown

Improvement Permit by: Maria H. H. Dotson date 10/6/97

~~Existing System~~ Inspection by: Maria H. H. Dotson date 10/6/97

Installed by: Rick Shook

Certificate of Completion by: _____ date _____

Operation Permit by: C. [illegible] date 10/20/97

Must 40th

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