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. 166/0 DATE 7-2-93 TAX MAP NO. 5B-A-46A

OWNER OR CONTRACTOR Jiles A Cochran PHONE: Business Home

ADDRESS West Virginia

LOCATION US 21 S Ft Mmity oswego On Rt Dart Brawley Rd

SUBDIVISION Cochran Property BLOCK / SECTION LOT 3 LOT AREA .789 acres SITE CLASS. PS L.T.A.R. .4

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 359 Date 5-10-93

Pump Tank: Gallons; PT Date

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

No Lines 3 Trench Width 36 Trench Depth 24 Gravel Depth 12

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI 0

System Description: Conv Gravity

Repair System Description:

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

Garbage Disposal: ☐ Yes ☑ No

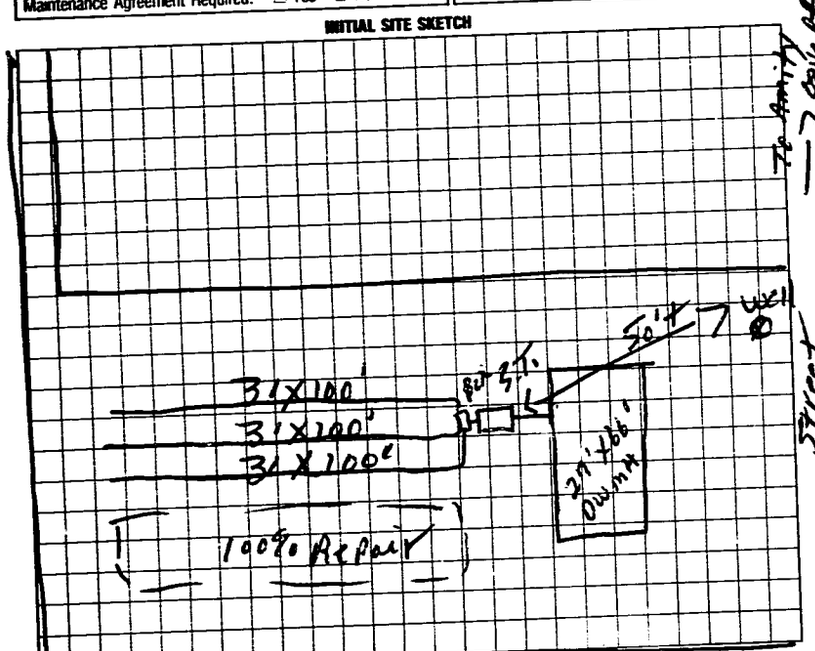
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other

Comments

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL SKETCK

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: Jiles Cochran Jr / Chris Cochran Installed by:

Improvement Permit by: F.C. moore date 7-2-93 Certificate of Completion by: Michael J Dennis / F.C. moore date 7-22-93

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