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. 20839 DATE 4-25-95 TAX MAP NO. 5F-A-40A Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Ann R. Lackey PHONE: Business Home 528-4675

ADDRESS Rt 2 Box 256 Cleveland N.C.

LOCATION 70 E TR Triplett Rd TR Hemlock TR Blue Spruce 1/8mi RT

SUBDIVISION BLOCK / SECTION LOT LOT AREA .75 SITE CLASS. P3 DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT 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 3

☑ Mobile Home No. Bathrooms 1

☐ Business No. Employees

☐ Other

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

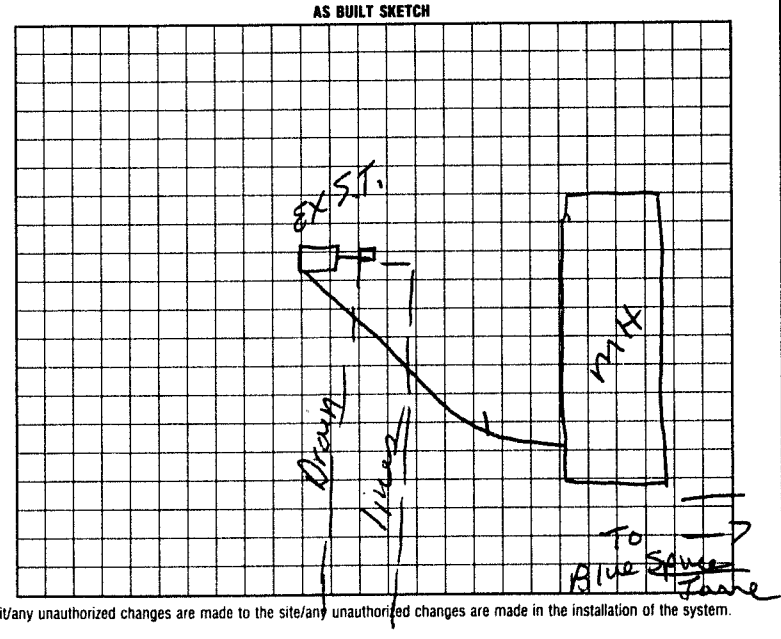
Water Supply:
☑ Individual
☐ Community
☐ Public
Well NEXT TO POOL

Comments:

Comments:

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:

Installed by:

Improvement Permit by: date

Certificate of Completion by: date

Existing System Inspection by: R. C. Moore date 4-25-95

Operation Permit by: date

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