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. 69660 DATE 10-6-97 TAX MAP NO. 4762249500 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Tommy G. Williams PHONE: Business Home 873-7133

ADDRESS 209 Mocksville Rt 5 Sta NC

LOCATION 70E TR Bethesda Past 3it creek 1/4 mi Rt back off Rt

SUBDIVISION BLOCK / SECTION LOT LOT AREA 33 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 1,33

Septic Tank: 1000 Gallons; STB 620 Date 6-30-78

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

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

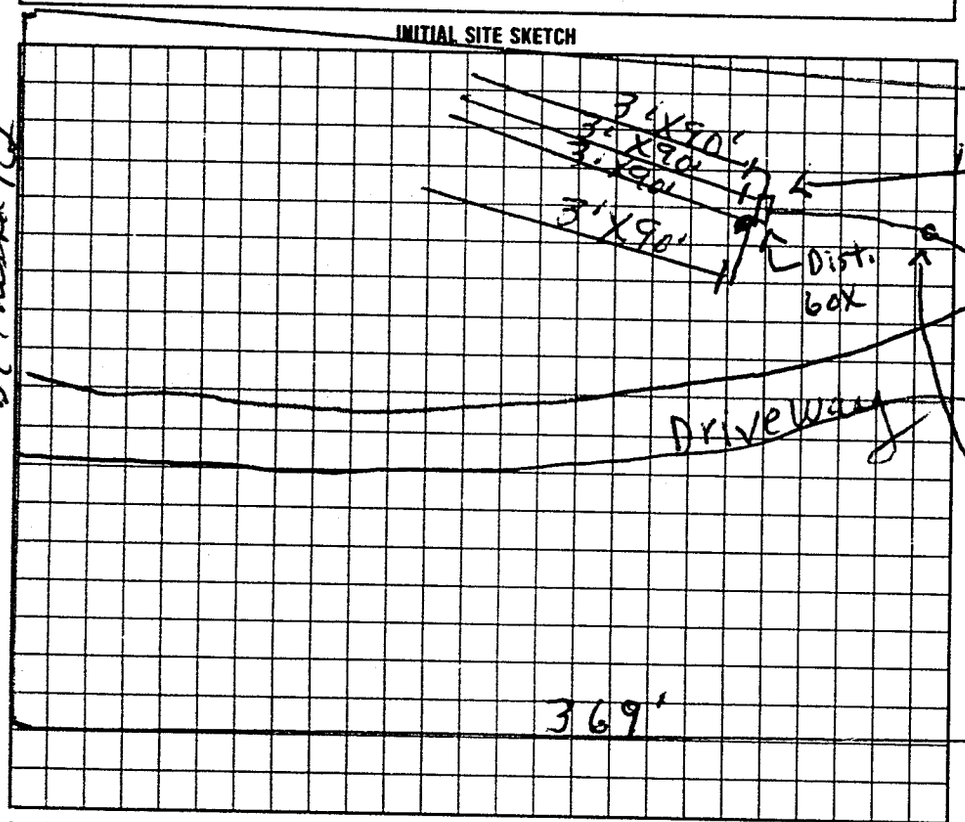
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

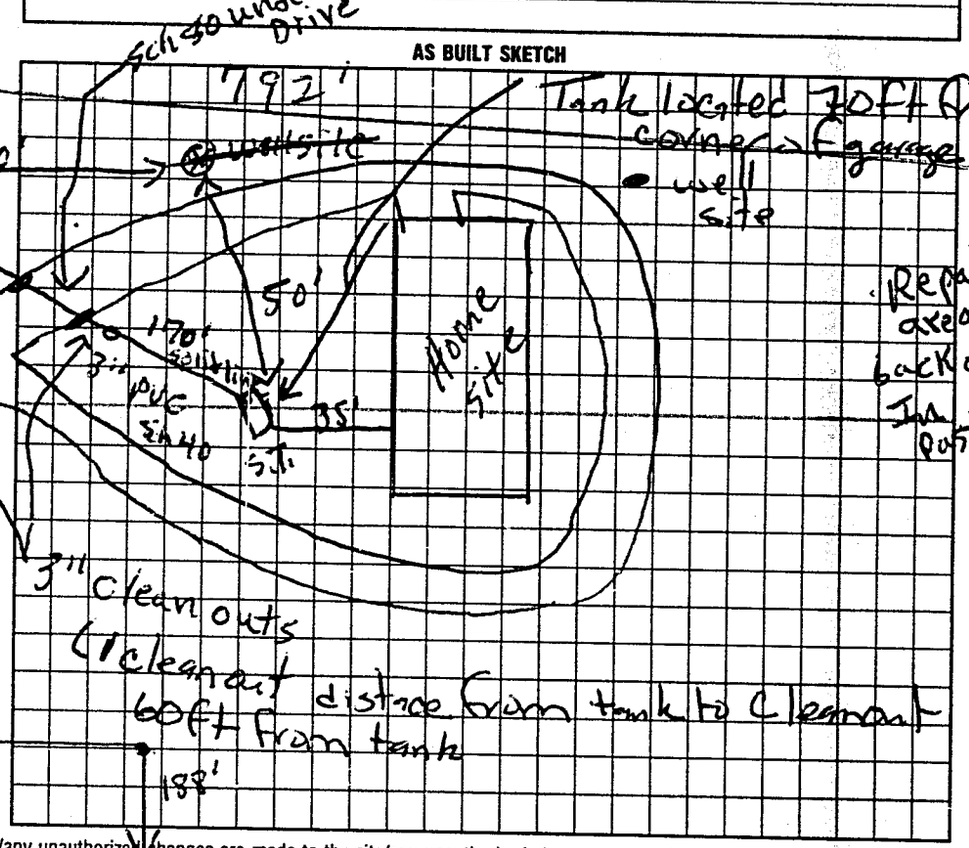
Comments:

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: X Tommy G Williams

Improvement Permit by: H. C. Moore date 10-6-97

Existing System Inspection by: H. C. Moore date 10-6-97

Authorization to Count

Installed by: Sammy Reavis

Certificate of Completion by: date

Operation Permit by: Mark C Oaks RS date 8-13-98

Authorization to Count Expires 60 mos from issue

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