IREDELL COUNTY HEALTH DEPARTMENT

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

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

IL 64094

PROPERTY DESCRIPTION NO. 25316 DATE 10-23-96 TAX MAP NO. 5J-4-A-31 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Cynthia Helmic PHONE: Business _____ Home 872-3026

ADDRESS 179 Cypress Lane

LOCATION 70E TR Bethesda TR Cornflower TR Pine Tree TR Cypress 1/4 mi left

SUBDIVISION Pine Tree BLOCK / SECTION _____ LOT 18 LOT AREA 170X311 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .2.6

Septic Tank: 1000 Gallons; STB 1012 Date 8-10-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 4 Square Feet 1380 Linear Feet 460

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: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

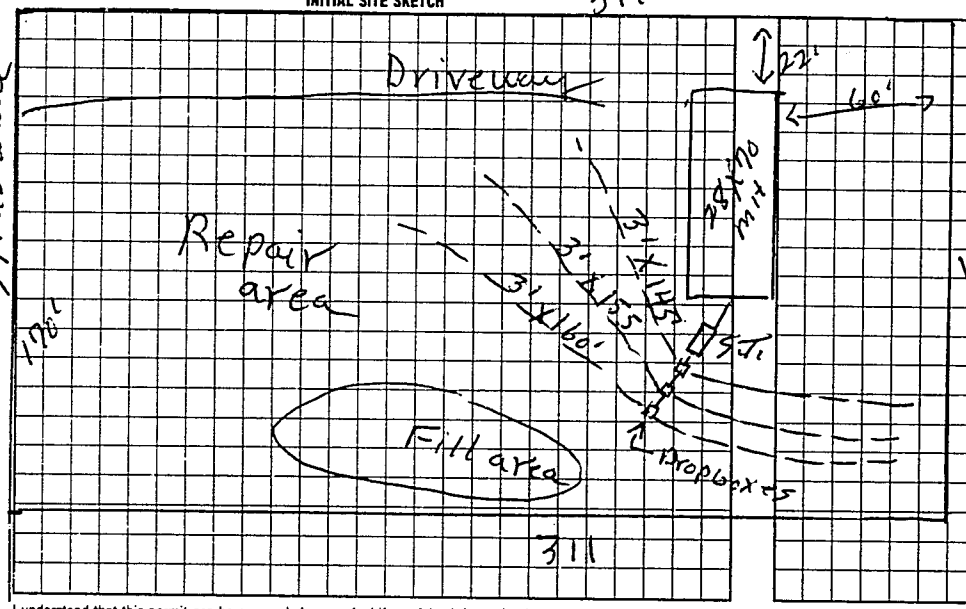
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public Well Next Door

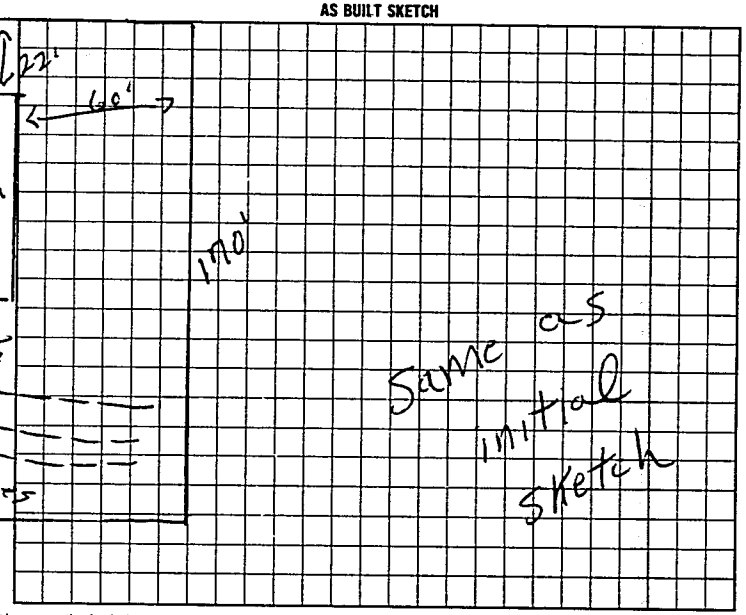
Comments:

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.

Signed: Cynthia D Helmic

Improvement Permit by: L.C. Moore date 10-23-96

Authorization to cover

Installed by: Donald Fackey

Certificate of Completion by: _____ date _____

date 10-23-96 Operation Permit by L.C. Moore date 11-15-96

Authorization To count

EXPIRES 60 MOS FROM ISSUE

Building System Inspection: DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

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