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. 16675 DATE 7-22-93 TAX MAP NO. 5J-4-A-18

OWNER OR CONTRACTOR Monica P. Klonoski PHONE: Business Home 873-4920

ADDRESS RT 7 BOX 422 Statesville N.C.

LOCATION 70E TR Bethesta TL cornflower TR log cabin 1/4 mi on left

SUBDIVISION Pine Tree Farm BLOCK / SECTION LOT 60 LOT AREA 100 X 431 SITE CLASS. L.T.A.R.

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: _____ Gallons; STB _____ Date _____ Ex System

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet

No Lines _____ Trench Width _____ Trench 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 ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

Garbage Disposal: ☐ Yes ☒ No

Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☐ Yes ☐ No

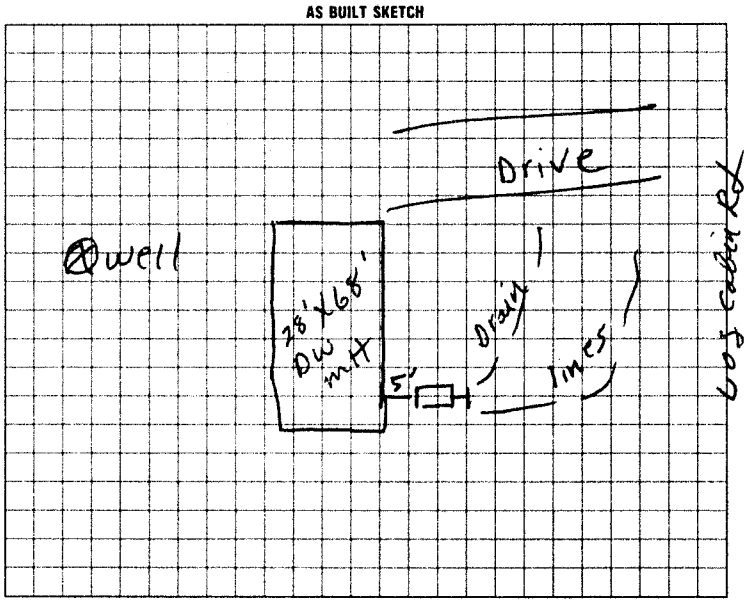
Other _____

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

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: P. C. Moore date 7-22-93 Operation Permit by _____ date _____

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