IREDELL COUNTY HEALTH DEPARTMENT

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

46048

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

PROPERTY DESCRIPTION NO. 15630 DATE 6-8-93 TAX MAP NO. 5K-A-27A

OWNER OR CONTRACTOR Richard Seifried PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Hwy 70 East TR Nabors Rd TR Wayside Rd 1/2mi on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 17acres SITE CLASS. _____ L.T.A.R. .33

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1250 Gallons: STB 564 Date 11-25-92

Pump Tank: _____ Gallons: PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1218 Linear Feet 406

No Lines _____ Trench Width _____ Trench Depth _____ Gravel Depth _____

☑ 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 _____ Garbage Disposal: ☑ Yes ☐ No

☐ Mobile Home No. Bathrooms _____ Auto. Dishwasher: ☑ Yes ☐ No

☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

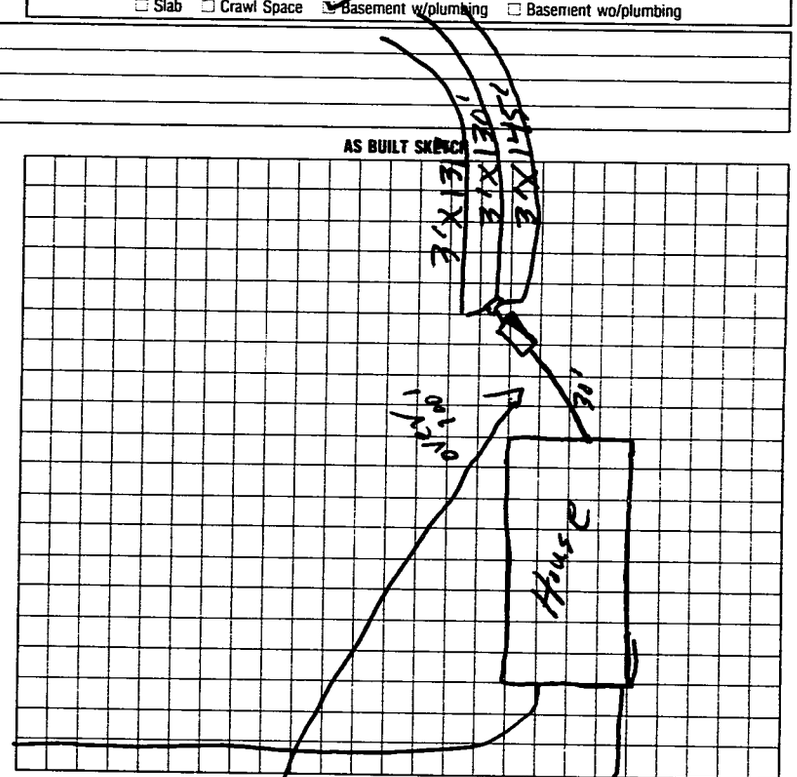
☐ Other _____ Other _____

☐ 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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Mason Wet Python

Certificate of Completion by: J. C. Morrow date 6-9-93

Operation Permit by: _____ date _____

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