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. _____ DATE 9-2-93 TAX MAP NO. _____

OWNER OR CONTRACTOR William Wilson PHONE: Business _____ Home 973-0096

ADDRESS Rt 1 Box 654 Sta

LOCATION 70E past Bell Rd 1st Brick House on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1/2 acre SITE CLASS. _____ L.T.A.R. 125

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: 5X Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 660 Linear Feet 220 BED

No Lines 3 Trench Width 36 Trench Depth 18 to 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 1 No. Employees _____

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

Garbage Disposal: ☐ Yes ☒ No

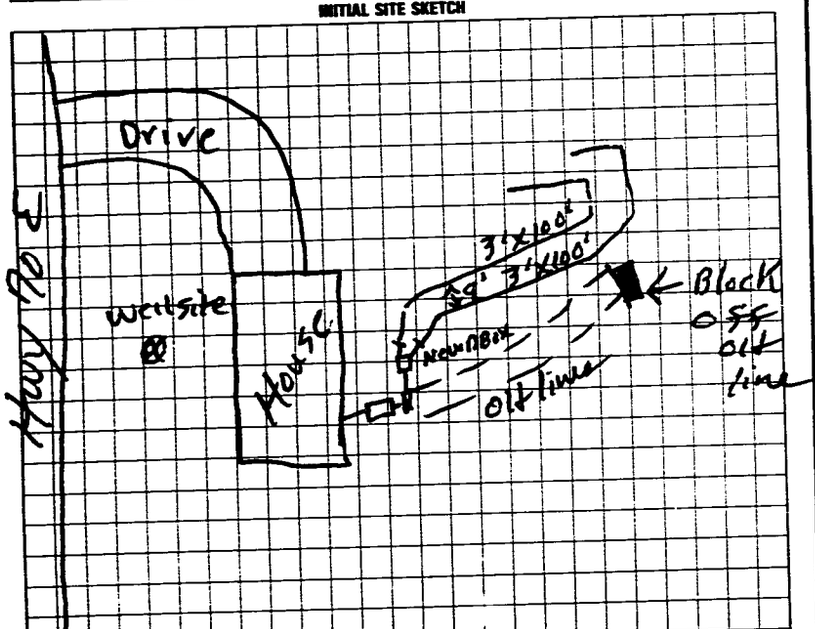
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☒ Yes ☐ No

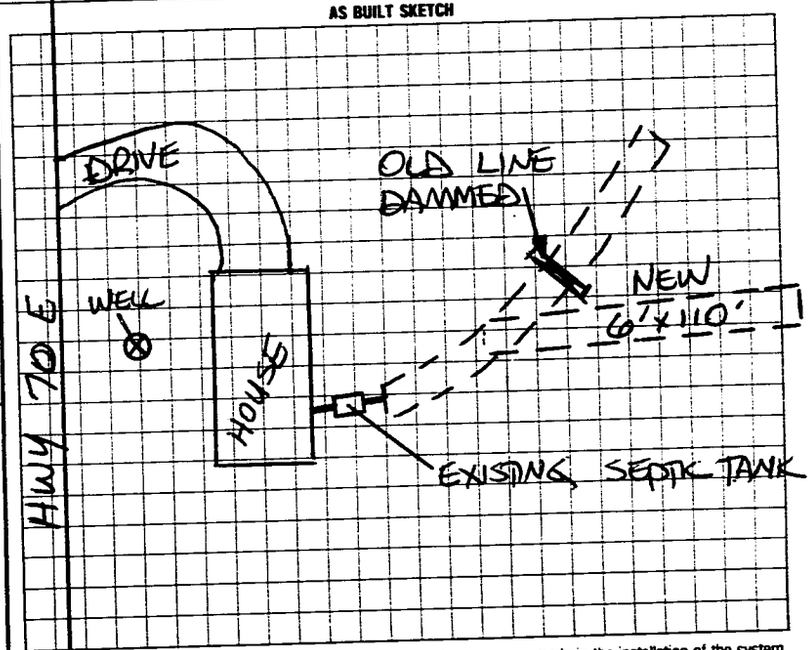
Other _____

Comments LAYOUT CHANGED TO INSTALL LINE ON CONTOUR

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: Frances Wilson

Improvement Permit by: L. C. Moore date 9-2-93

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 9/8/93

Operation Permit by: _____ date _____

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