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. ~~2600 29 78225~~ DATE 2-14-97 TAX MAP NO. 4763-57-3335 Watershed: [ ] Yes [X] ~~No~~

OWNER OR CONTRACTOR T+T Inc PHONE: Business 878-6660 Home

ADDRESS 849 Bell Farm Rd

LOCATION Bell Rd Turn OakCreek Rd TR Bucketwheat Dr. ~~on~~ 6th lot Rt

SUBDIVISION OakCreek(RD) BLOCK / SECTION II LOT 359 LOT AREA .4545acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8-28-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III IV V VI

System Description: Conv. Gravity

Repair System Description: Pump To Chambers

Maintenance Agreement Required: [ ] Yes [X] ~~No~~

[ ] ~~House/Mod.~~ Home No. Bedrooms 3

[X] ~~Mobile~~ Home No. Bathrooms 2

[ ] Business No. Employees _____

[ ] Other _____

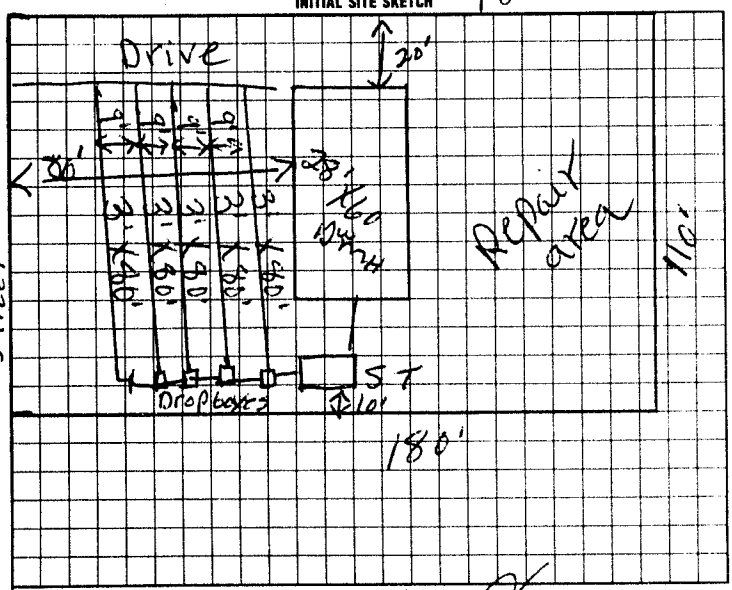
[ ] Slab [X] ~~Crawl~~ Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [ ] Community [X] ~~Public~~

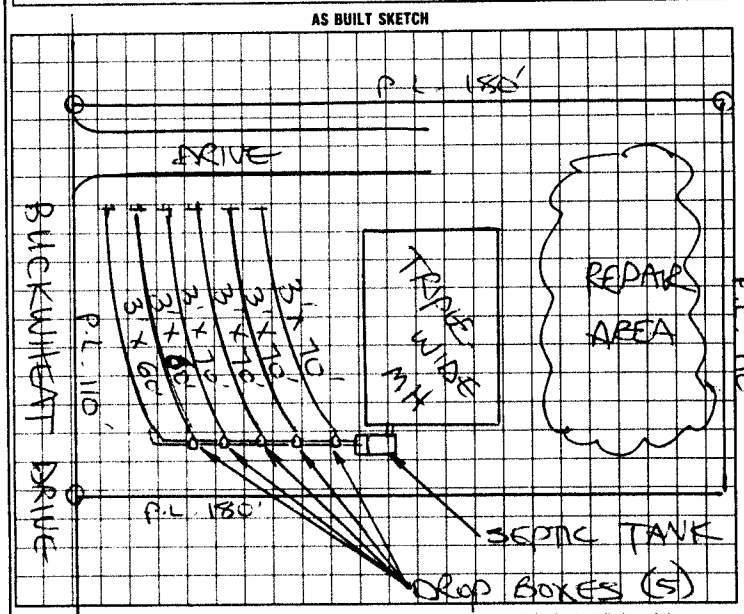
Comments:

Comments: ① SYSTEM INSTALLED IN SIX LINES AS SHOWN DUE TO LIMITED SPACE ② KEEP WATER LINE MINIMUM 10 FEET FROM SYSTEM

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: R. C. Moore date 2-14-97

~~Existing System Inspection~~ Authorization to Cover by: R. C. Moore date 2-14-97

Installed by: [redacted] DONALD LACKEY

Certificate of Completion by: STEVE HEDRICK date 11-6-98

Operation Permit by: _____ date _____

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

Authorization to Cover Expires 60 mos from issue