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. 19179 DATE 7-12-94 TAX MAP NO. 5K 7-A-236 Watershed: ☐ Yes ☒ No

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

ADDRESS Po Box 258 Sta

LOCATION 70 E TR morehead TR oldwell Tb Big Forest TR Tulip 1st lot Rt

SUBDIVISION Forest Acres BLOCK / SECTION I LOT 236 LOT AREA 120'X180' SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 5-6-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 7 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: Panel Porus Block Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

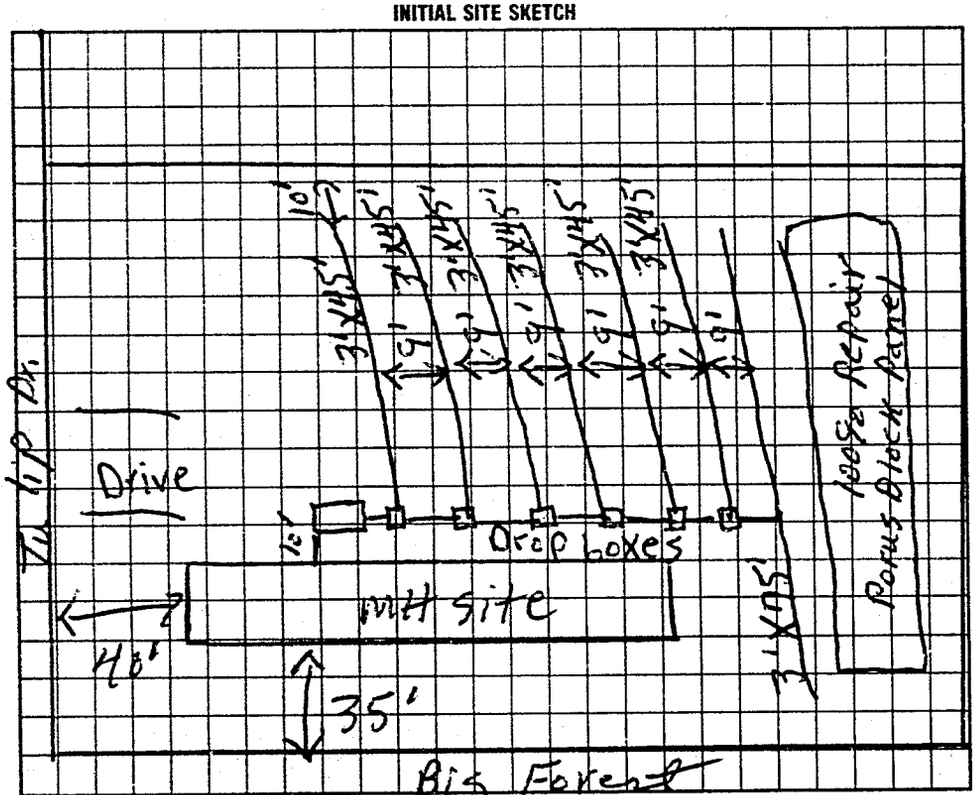
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: T+T Co, W.D. Baker as Agent for Buyers

Improvement Permit by: F. C. moore date 7-12-94

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: F. C. moore date 8-4-94

Operation Permit by: _____ date _____

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