IREDELL COUNTY HEALTH DEPARTMENT

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

52074

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

PROPERTY DESCRIPTION NO. 15528 DATE 3-22-94 TAX MAP NO. 5K-7-A-205 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR T+T Co PHONE: Business 8786660 Home

ADDRESS PO Box 1835 Sta

LOCATION 70E TR morehead TR old well DR. TL Big Forest TL Bayberry 1st lot R

SUBDIVISION Forest Acres V BLOCK / SECTION V LOT #244 LOT AREA Facet SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 1,276

Septic Tank: 1000 Gallons; STB #1012 Date 4-4-94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" 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 2 No. Bathrooms 2 No. Employees

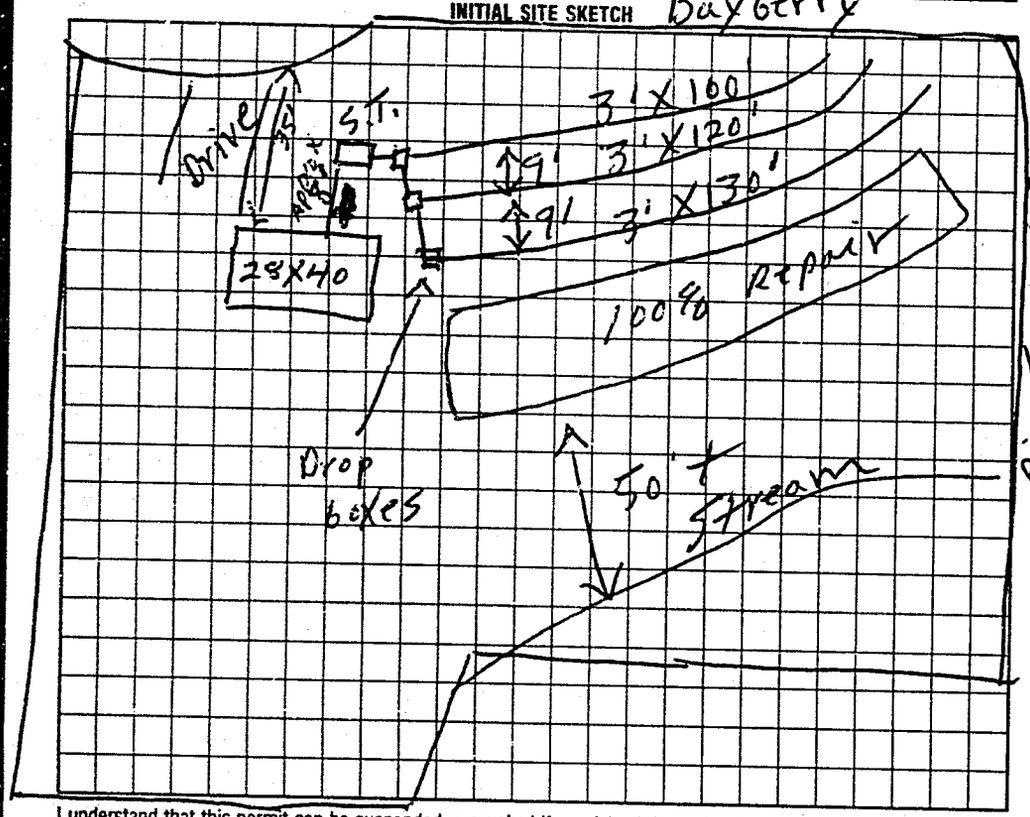
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: MH Pad must be built up in order TO get S.T. installed with minimum Cover

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: X [illegible]

Improvement Permit by: J. C. Moore date 3-22-94

Existing System Inspection by: date

Installed by: Donald Foskey

Certificate of Completion by: J. C. Moore date 4-7-94

Operation Permit by: date

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