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. 15534 DATE 4-19-94 TAX MAP NO. 5K-7-A-228 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR T+T Inc PHONE: Business 378-6660 Home

ADDRESS PO Box 258 Sta

LOCATION 70E TR Morehead at end TR oldwell Dr. TL Big Forest at end on RT.

SUBDIVISION Forest Acres BLOCK / SECTION V LOT 228 LOT AREA 1+/- acres SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 1012 Date 2-14-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Beds 1 Square Feet 720 Linear Feet 240

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 _____

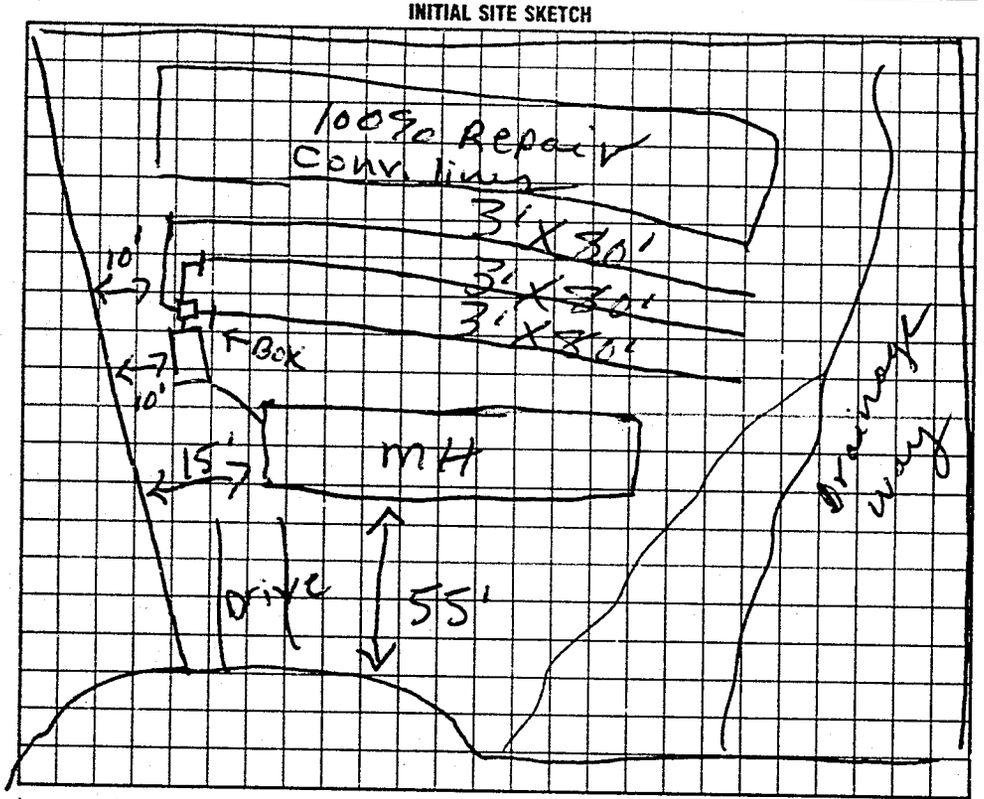
Water Supply: ☐ Individual ☐ Community ☑ Public

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

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 Coby & J. Thabet

Improvement Permit by: L. C. moore date 4-19-94

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: L-C-moore date 5-9-94

Operation Permit by: _____ date _____

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