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. 18471 DATE 5-9-94 TAX MAP NO. 5H-7-A-22 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR HH Inc PHONE: Business Home 878-6660

ADDRESS PO Box 1835 Sta

LOCATION 70 E TR Mountain TR Oldwell Dr. TR Big Forest before entrance Rd

SUBDIVISION Forestacres BLOCK / SECTION V LOT 229 LOT AREA .5015 SITE CLASS. PS DESIGN FLOW 240 C.A.R. 133

Septic Tank: 1000 Gallons; STB 1012 Date 12-26-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 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: Pump to Conv. lines

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

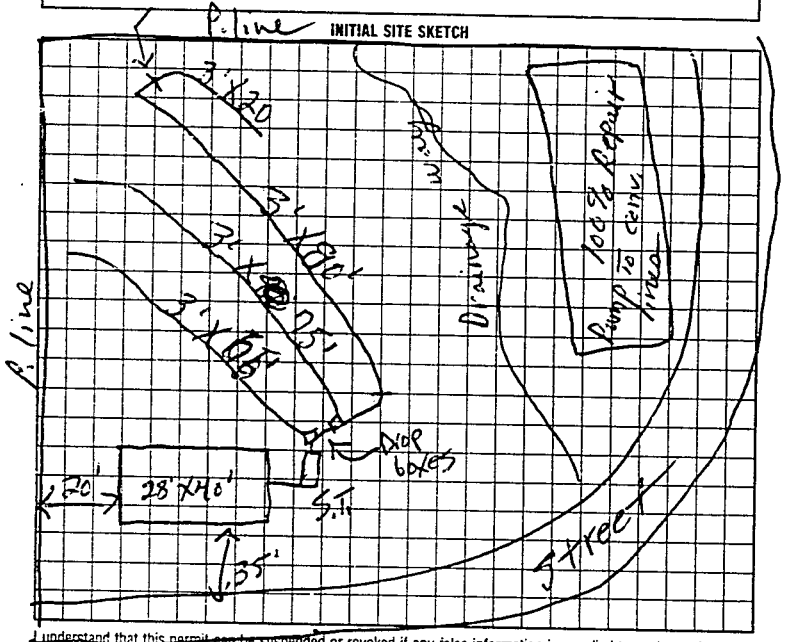
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial sketch with shown modifications

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 Thabet

Improvement Permit by: L.C. moore date _____

Existing System Inspection by: _____ date _____

Installed by: Donald Fuchey

Certificate of Completion by: L.C. moore date 4-4-95

Operation Permit by: _____ date _____

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