IREDELL COUNTY HEALTH DEPARTMENT

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

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

Watershed: ☐ Yes ☒ No

PROPERTY DESCRIPTION NO. 17659 DATE 1-3-94 TAX MAP NO. 5K-7-A-225

OWNER OR CONTRACTOR T+T Co PHONE: Business 878 6660 Home

ADDRESS P.O. Box 238 Statesville

LOCATION 70E TR morehead TR oldwell Dr. Th. Big Forest Dr. To end

SUBDIVISION Forest Acres BLOCK / SECTION V LOT 225 LOT AREA .82 acres SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 358 Date 12-21-93

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet ____ Linear Feet ____

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☒ 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 3 No. Bathrooms 2 No. Employees ____

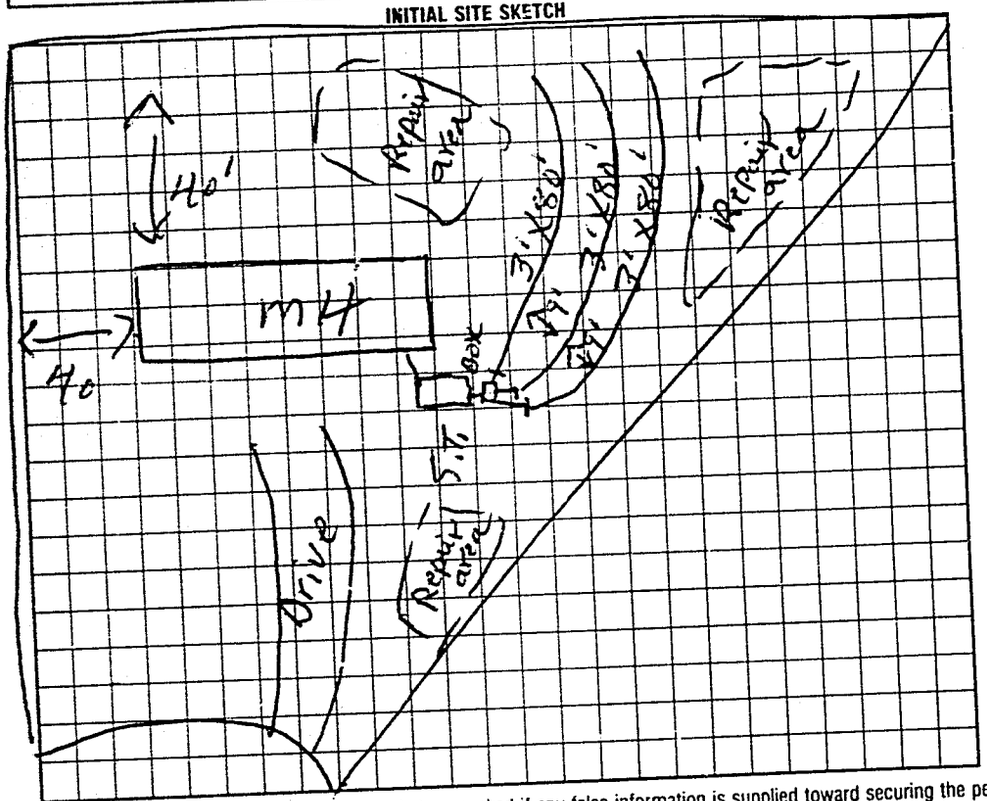
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

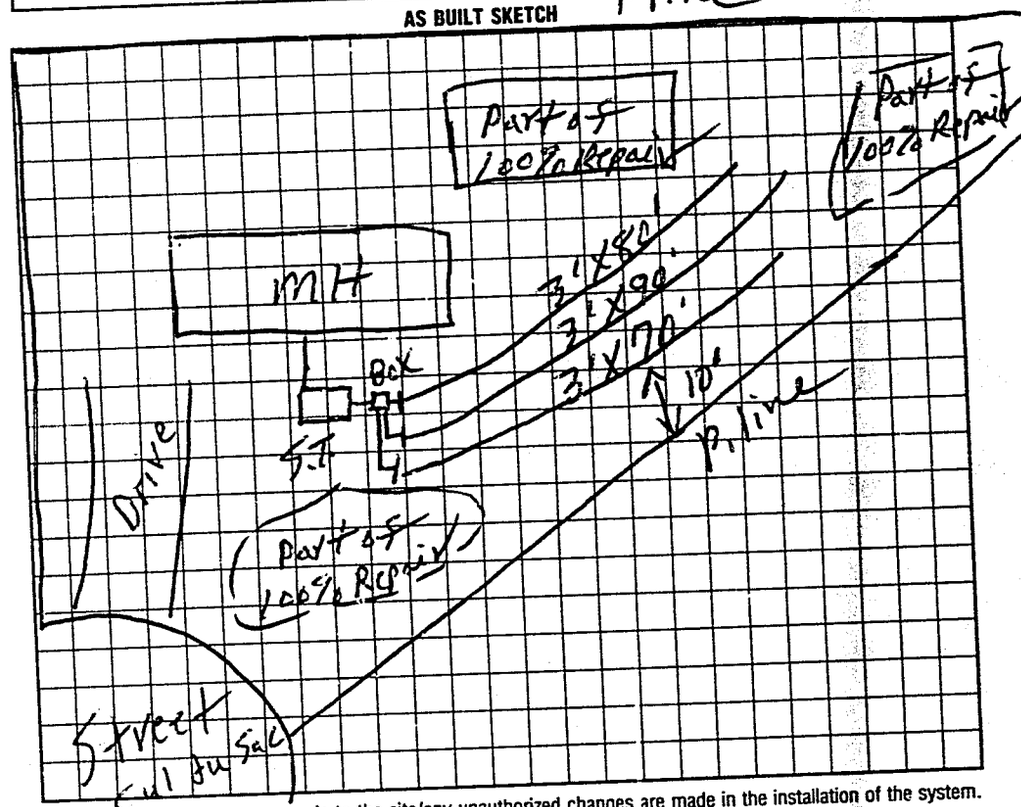
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH pline



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, & D. Chalet

Improvement Permit by: P. C. Moore date 1-3-94

Existing System Inspection by: ____ date ____

Installed by: Donald Lackey

Certificate of Completion by: P. C. Moore date 2-14-94

Operation Permit by: ____ date ____

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