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. 19731 DATE 11-22-94 TAX MAP NO. 55-A-140 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Billy Callahan PHONE: Business Home no phone

ADDRESS Rt 15 Box 456 City

LOCATION 64 E TR 2 mi TL into Dogwood est at backcircle

SUBDIVISION Dogwood Est PATIO BLOCK / SECTION LOT 30 LOT AREA SITE CLASS. DESIGN FLOW L.T.A.R.

Septic Tank: Gallons; STB Date

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:

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

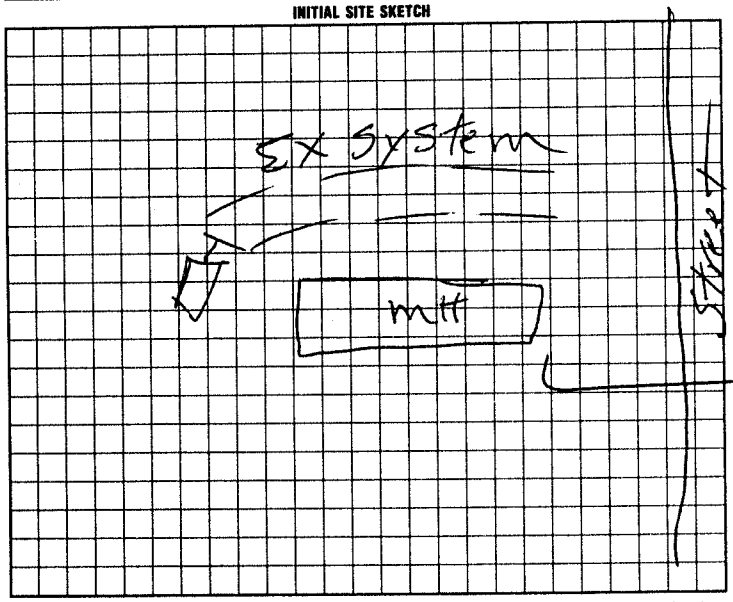
☐ Other

Water Supply:
☐ Individual
☐ Community
☑ Public

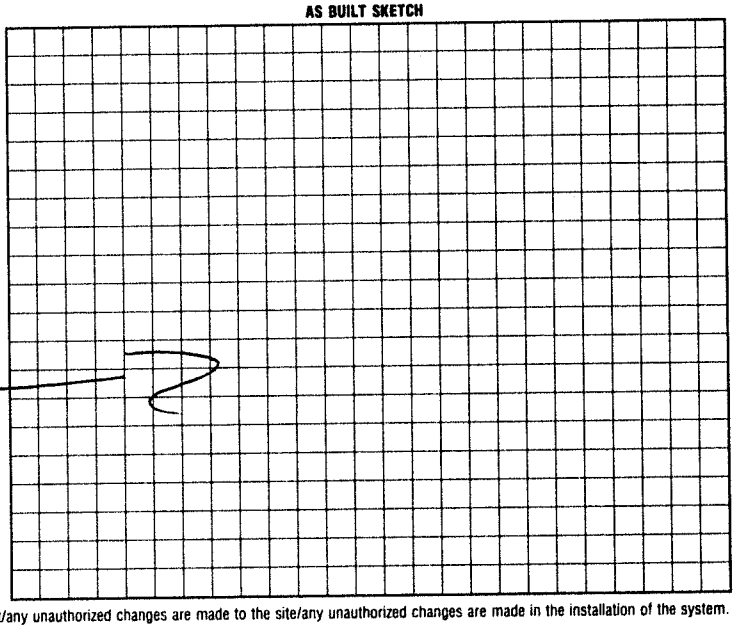
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT 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:

Improvement Permit by: date

Existing System Inspection by: P.C. Moore date

Installed by:

Certificate of Completion by: date

Operation Permit by: date

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