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. 65718 DATE 5-27-97 TAX MAP NO. 4764 67 5420 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Bill Bowser PHONE: Business _____ Home 546-2004

ADDRESS 200 Dogwood circle Sta.

LOCATION 64E TR 9 Bell Rd TL Dogwood circle

SUBDIVISION Dogwood Circle BLOCK / SECTION _____ LOT 31 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 _____

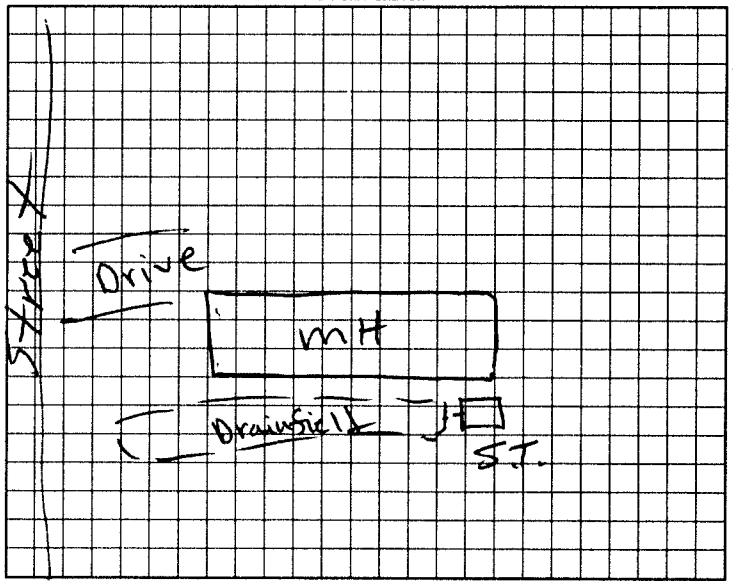
Water Supply:
☐ Individual
☐ Community
☒ Public

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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: P.C. Moody date 5-27-97 Operation Permit by: _____ date _____

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