IREDELL COUNTY HEALTH DEPARTMENT

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

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

1600

PROPERTY DESCRIPTION NO. _____ DATE 7-12-93 TAX MAP NO. _____

OWNER OR CONTRACTOR Renee Osborne PHONE: Business _____ Home 873-6402

ADDRESS 3206 mocksville Hwy

LOCATION 64 E 1/3 mi on rt Hwy Past N Greenbrair Rd

SUBDIVISION Camelot BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P.S. L.T.A.R. .24

Water Supply: ☐ Individual ☐ Community ☒ Public

Septic Tank: Ex. Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 360 Linear Feet 120

No Lines 2 Trench Width 60 Trench Depth 24"+ Gravel Depth 12"

☐ New System ☒ Repair System Type: I. II. III. IV. V. VI

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☐ No

☐ Mobile Home No. Bathrooms _____ Auto. Dishwasher: ☐ Yes ☐ No

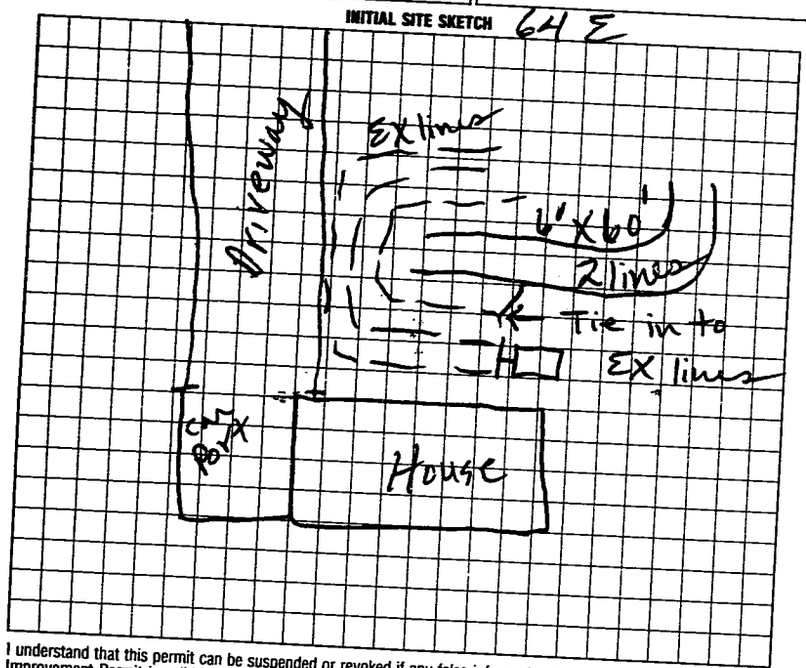
☐ Business No. Employees _____ Auto. Washing Machine: ☐ Yes ☐ No

☐ Other _____ Other _____

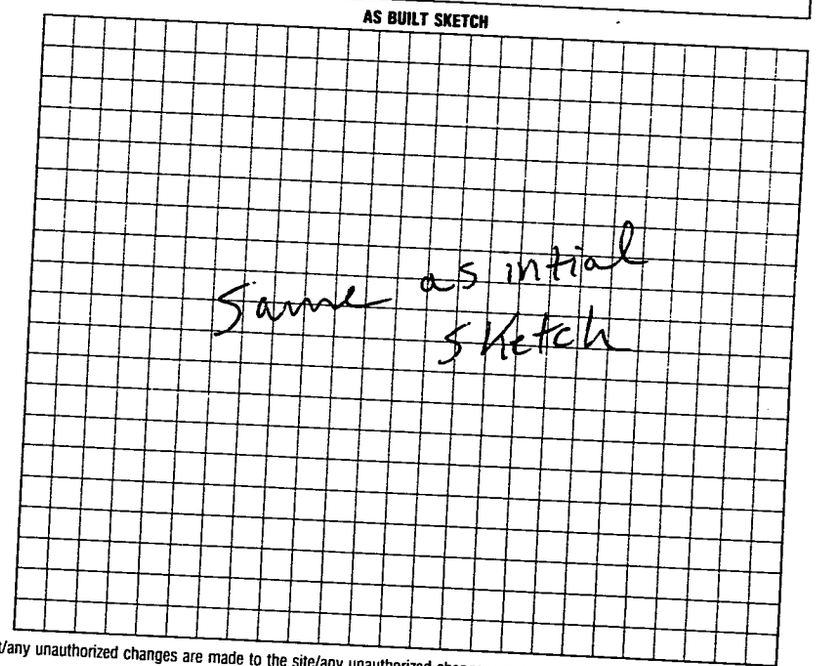
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments _____

INITIAL SITE SKETCH 64 E



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: X Renee Osborne

Improvement Permit by: P. C. Moore date 7-12-93

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: P. C. Moore date 9-16-93

Operation Permit by: _____ date _____

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