60842

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. 23687 DATE 5-11-96 TAX MAP NO. 11E-A-134 #107 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Kathy Benge PHONE: Business _____ Home 873 1740 4

ADDRESS 107 Stump Ct.

LOCATION 6HE TL Riverhill Rd TR Ellis Lane TR Stump Ct at end

SUBDIVISION EastmHP BLOCK / SECTION _____ LOT 107 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 _____

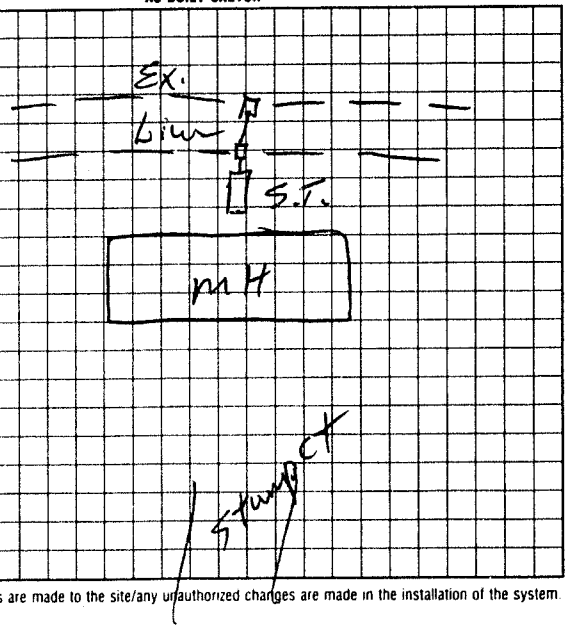
Water Supply:
☐ Individual
☐ Community
☑ Public

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.

Signed: _____ Installed by _____

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

Existing System Inspection by: R. C. Moore date 5-11-96 Operation Permit by _____ date _____

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