IREDELL COUNTY HEALTH DEPARTMENT

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

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

47472

PROPERTY DESCRIPTION NO. 15948 DATE 7-30-93

OWNER OR CONTRACTOR Hayden Hamby Jr. PHONE: Business _____ Home _____

ADDRESS _____ TAX MAP NO. 55-23-A-30

LOCATION 64 E TR Bell Rd TL maplelea TR Birchwood at end TR at cul de sac

SUBDIVISION Sunbrook BLOCK / SECTION II LOT 30 LOT AREA 1/2 acre SITE CLASS. P.S. L.T.A.R. .3

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons: STB 356 Date 6-22-93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 266

No Lines 4 Trench Width 36 Trench Depth 24 Gravel Depth 12

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

System Description: Conv. Gravity

Repair System Description: Pump Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2 No. Employees _____

Garbage Disposal: ☐ Yes ☐ No

Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☐ Yes ☐ No

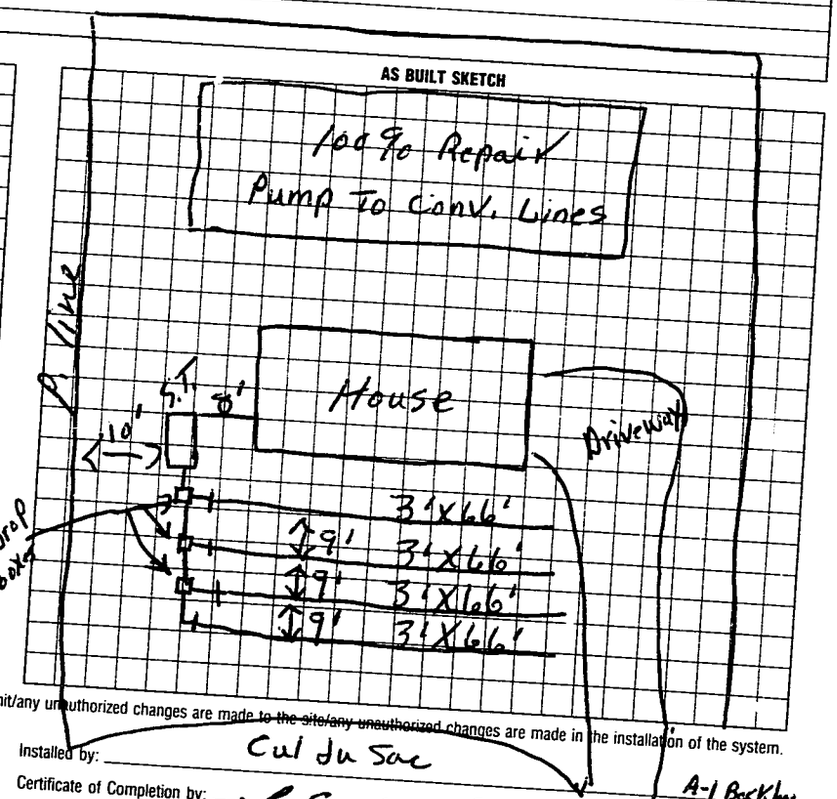
Other _____

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

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: _____ date _____

Installed by: Cul de Sac A-1 Backhoe

Certificate of Completion by: J. C. moore date 7-30-93

Operation Permit by: _____ date _____

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