3:30

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. 20577 DATE 3-23-95 TAX MAP NO. 11E A 239 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Natasha S. Brown PHONE: Business Home 871-8880

ADDRESS 292 Idaho Rd Statesville, N.C.

LOCATION 64E TL old mocksville TR Chestnut Grove RT TR Pepperidge at end

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1/2 acre + SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 1.35

Septic Tank: 1000 Gallons; STB 825 Date 1-21-95

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

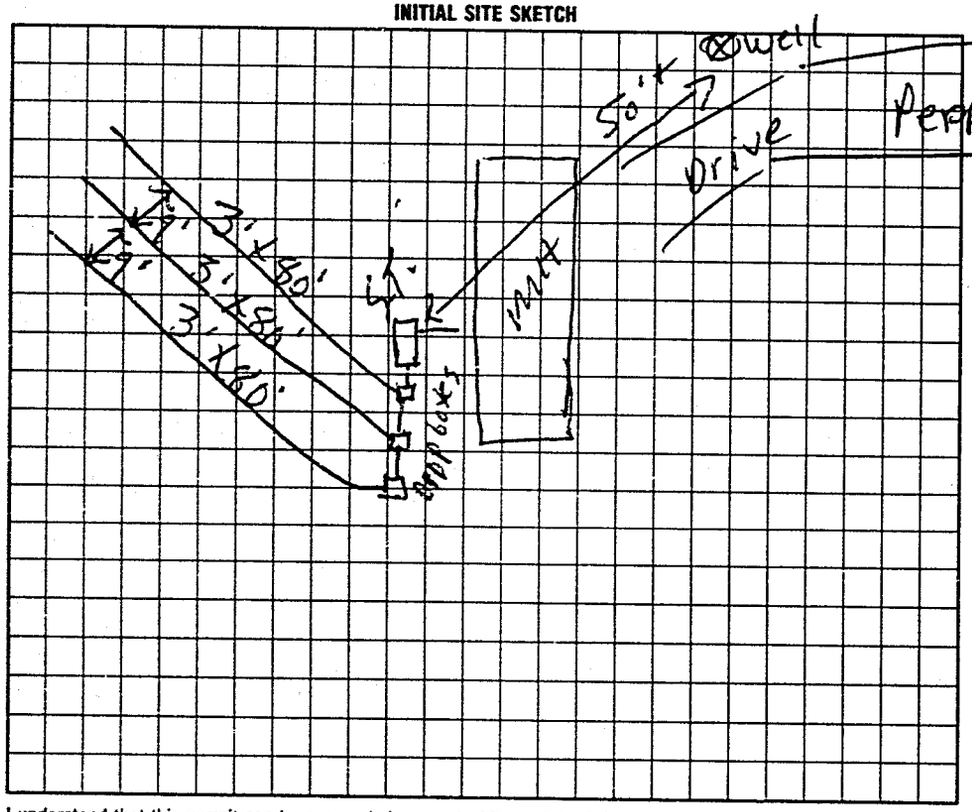
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Well + mobile Home Not located at Time of This inspection Keep Proper distances from S.T. System

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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 Natasha S. Brown

Improvement Permit by: J. C. Moore date 3-23-95

Existing System Inspection by: date

Installed by: William Cuthbertson

Certificate of Completion by: J. C. Moore date 3-29-95

Operation Permit by: date

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