IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 46674

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

PROPERTY DESCRIPTION NO. 16026 DATE 6-3-93 TAX MAP NO. ~~126-2-A-12~~

OWNER OR CONTRACTOR Crazy C. Gaither PHONE: Business _____ Home 126-2-A-12

ADDRESS _____

LOCATION US 21 N Lot on L 2.5mile Past Talon Road intersection

SUBDIVISION Twenty One acres BLOCK / SECTION _____ LOT 12 LOT AREA 5 acres SITE CLASS. P.S. L.T.A.R. .35

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB 356 Date 4-14-93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230

No Lines 3 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: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 2 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 1½ Auto. Dishwasher: ☑ Yes ☐ No

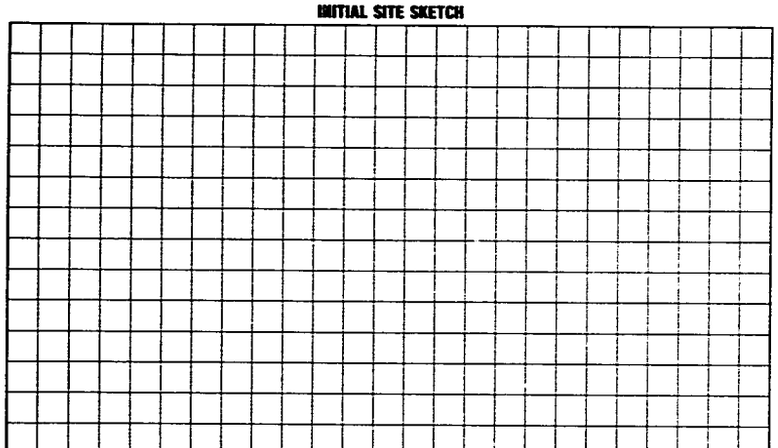
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

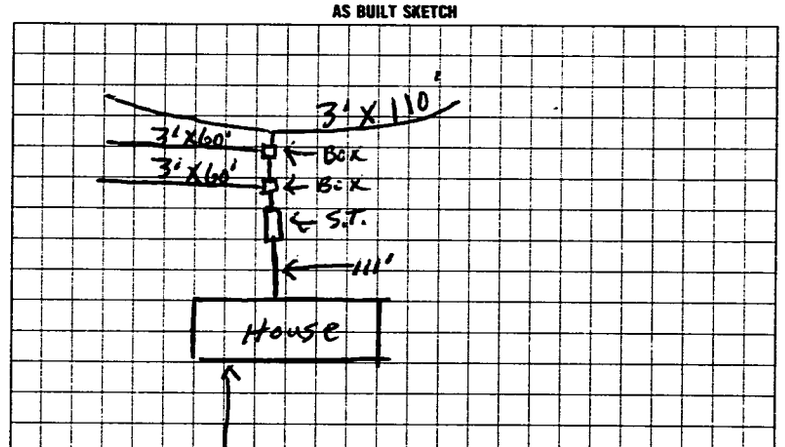
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments landscape so that surface water will be diverted around system

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: Steve Hedrick date 7-25-93

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: E.C. Moore date 6-3-93

Operation Permit by: _____ date _____

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