3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

48538

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

PROPERTY DESCRIPTION NO. 15337 DATE 8-25-93

OWNER OR CONTRACTOR Alfred Lockard Jr. PHONE: Business _____ TAX MAP NO. 5E-2-A-7

ADDRESS HC 63 Box 3040 Geaty Kentucky 41514 Home 606 237 7224

LOCATION NOE TR Triplett Rd approx 4mi & TL Watermoss at winding Arbor TR & corner

SUBDIVISION Willow Ridge BLOCK / SECTION 1 LOT 6+7 LOT AREA 2.32 SITE CLASS PS L.T.A.R. .33

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 358 Date 6-29-93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 3 Trench Width 36 Trench Depth 18+36 Gravel Depth 12

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☐ Yes ☐ No

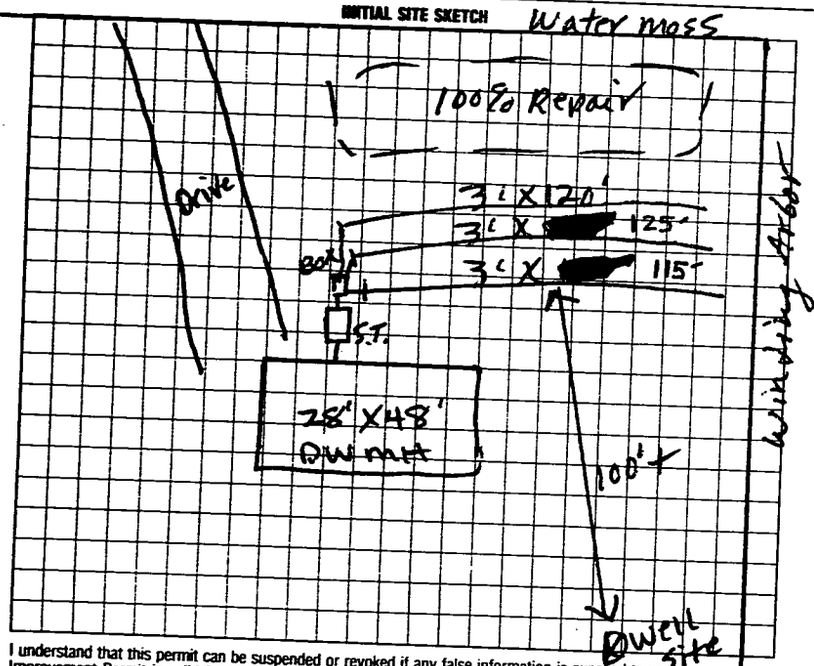
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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

Comments _____

INITIAL SITE SKETCH



AS BUILT SKETCH

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: Alfred Lockard Jr.

Improvement Permit by: L. C. Moore date 8-25-93

Existing System Inspection by: _____ date _____

Installed by: Kenny Pearson

Certificate of Completion by: Michael J. Denan date 8-27-93

Operation Permit by: _____ date _____

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