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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. 16550 DATE 9-3-93 TAX MAP NO. 5E-2-A

OWNER OR CONTRACTOR James Ballard PHONE: Business Home 873-3465

ADDRESS Rt 1 Box 191 Tripplett Rd

LOCATION 70E TR TO Watermoss TR Gone Away 400 ft RT

SUBDIVISION Willow Ridge BLOCK / SECTION 2 LOT 94 LOT AREA 1.18 acres SITE CLASS 05 L.T.A.R. .4

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1250 Gallons: STR 786 Date 8-4-93

Pump Tank: ____ Gallons: PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

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

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

System Description: Conv. Gravity

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

Garbage Disposal: ☐ Yes ☐ No

Auto. Dishwasher: ☑ Yes ☐ No

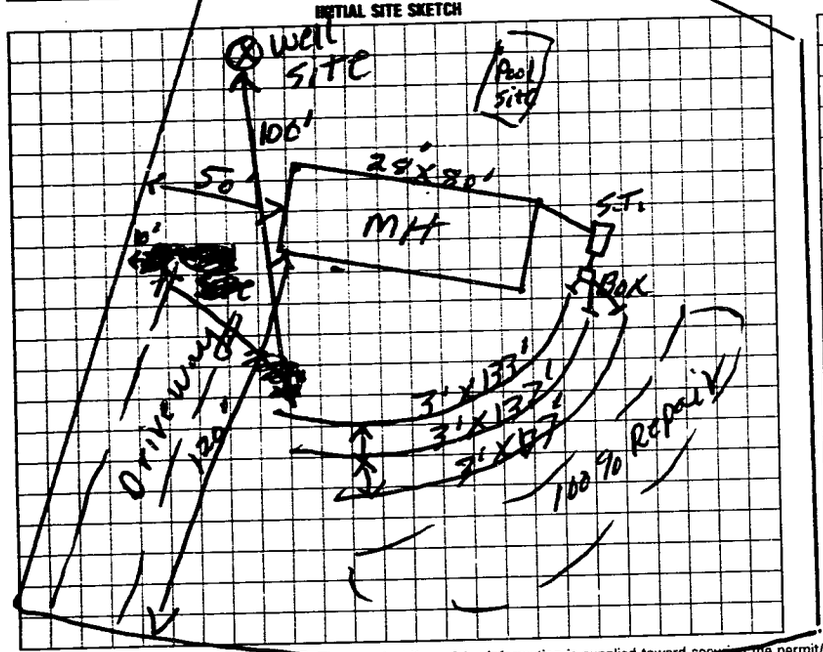
Auto. Washing Machine: ☑ Yes ☐ No

Other ____

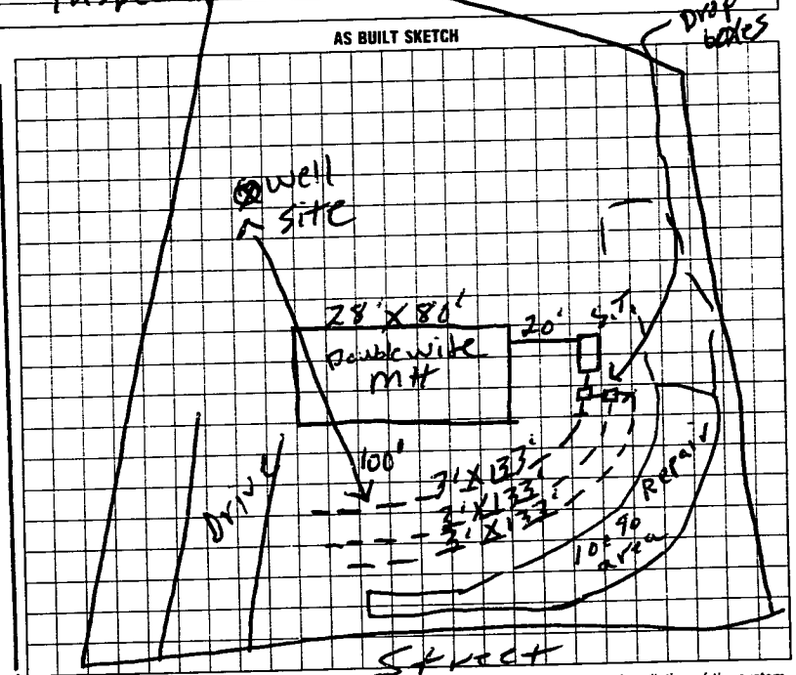
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments well Not located at time of this inspection

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: X

Improvement Permit by: L. C. Moore date 9-7-93

Existing System Inspection by: James Ballard Jr. date 9-3-93

Installed by: West Lincoln S.T.

Certificate of Completion by: L. C. Moore date 10-7-93

Operation Permit by: ____ date ____

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