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. 1907M DATE 6-21-94 TAX MAP NO. 5T A-92 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Traci Jackson PHONE: Business _____ Home NO Phone

ADDRESS Rt 2 Cleveland

LOCATION 70E TR Triplett Rd before Roman Rd on left

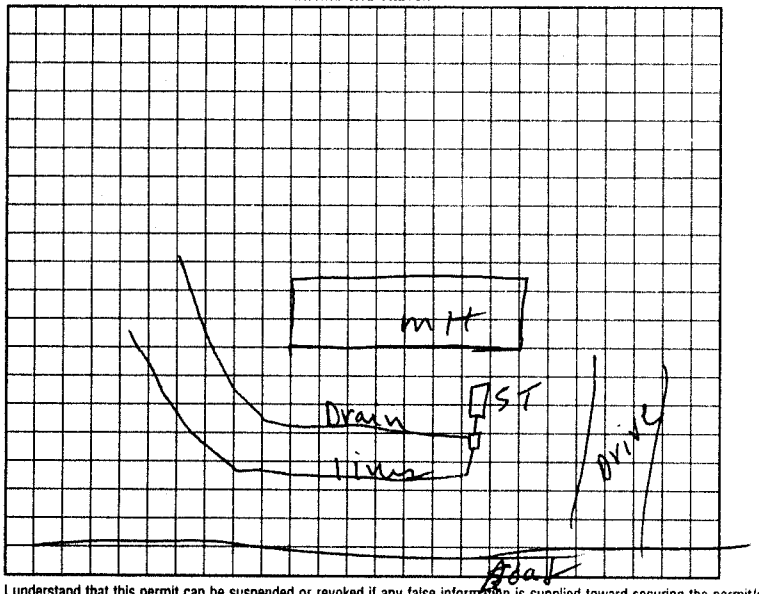
SUBDIVISION C.W. Beaver WHP BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: _____ Gallons; STB _____ Date _____	☐ New System ☐ Repair System Type: I, II, III, IV, V, VI	☐ House/Mod. Home No. Bedrooms 2	Water Supply:
Pump Tank: _____ Gallons; PT _____ Date _____	System Description: _____	☒ Mobile Home No. Bathrooms 2	☐ Individual
Pump Make: _____ Model _____ Serial No. _____	Repair System Description: _____	☐ Business No. Employees _____	☒ Community
Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____	Maintenance Agreement Required: ☐ Yes ☐ No	☐ Other _____	☐ Public
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____	☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing		

Comments:

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: L. C. Moore date 6-21-94

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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