IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 49272

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

PROPERTY DESCRIPTION NO. 17372 DATE 11-2-93 TAX MAP NO. 5R-2-A-22 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Kenneth A. Watt PHONE: Business _____ Home 876-0047

ADDRESS Rt 11 Box 401-A

LOCATION 64E TR NEW Salem TL Salem meadows 3rd lot on rt

SUBDIVISION Salem Meadows BLOCK / SECTION I LOT 22 LOT AREA .4428 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .22

Septic Tank: 1000 Gallons; STB 358 Date 11-17-92

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1650 Linear Feet 550

No Lines 5 Trench Width 36 Max Trench Bottom Depth 24 Gravel Depth 12

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

System Description: Conv. Gravity

Repair System Description: Porus Block Panel

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

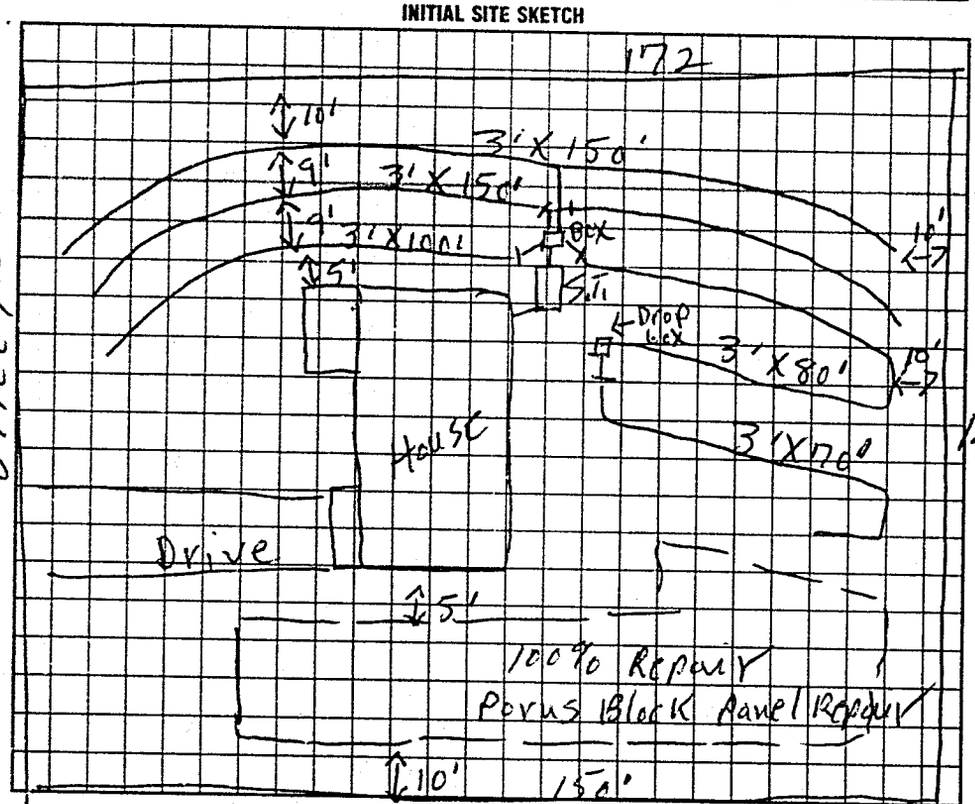
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

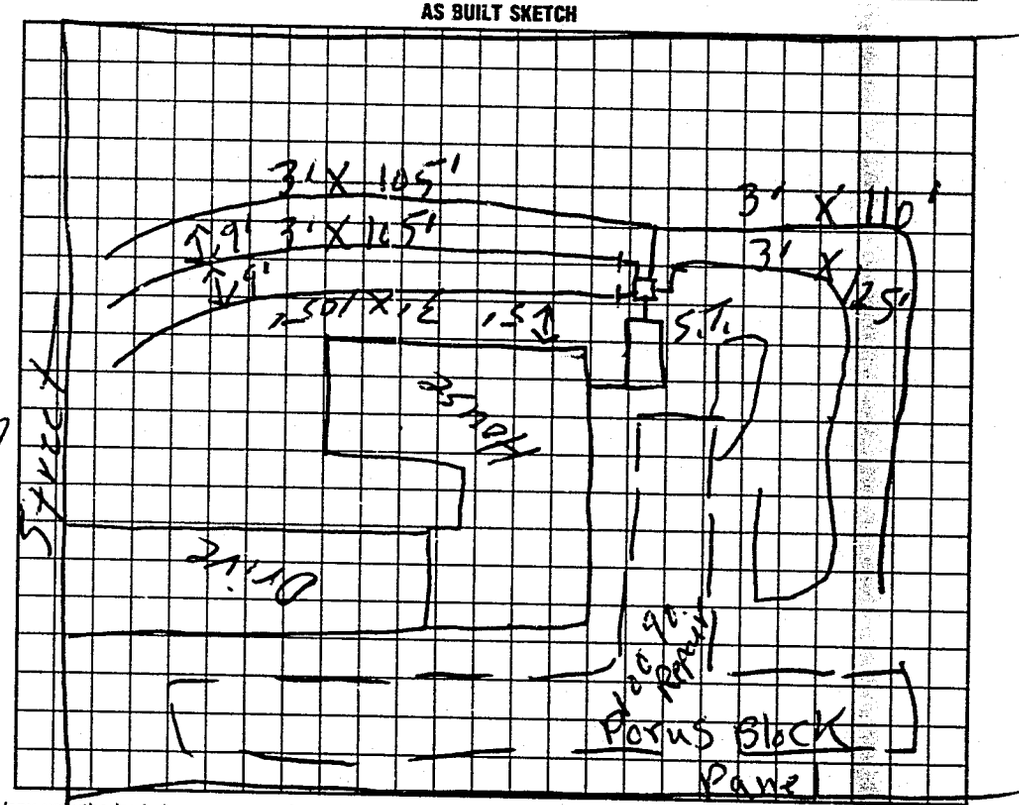
Comments:

Comments:

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 Kenneth A Watt

Improvement Permit by: L. C. Moore date 11-2-93

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: L. C. Moore date 1-11-94

Operation Permit by: _____ date _____

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