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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. 13544 DATE 10-19-93 TAX MAP NO. 5NA 16 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR John R. mclaughlin PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 64E TR New Salem Ch Rd at end on RR

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .89 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 1.4

Septic Tank: 1000 Gallons; STB 1012 Date 8-20-93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 2 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth 12

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

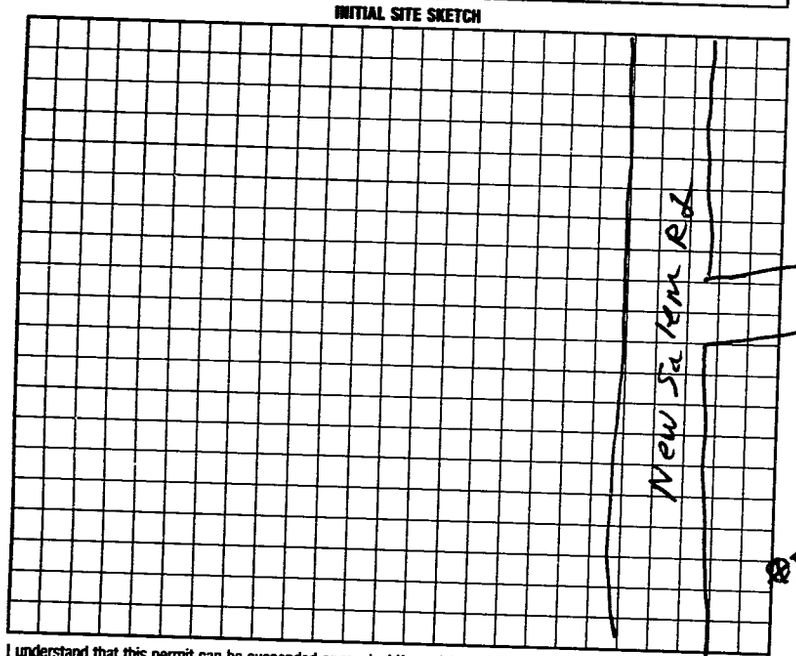
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

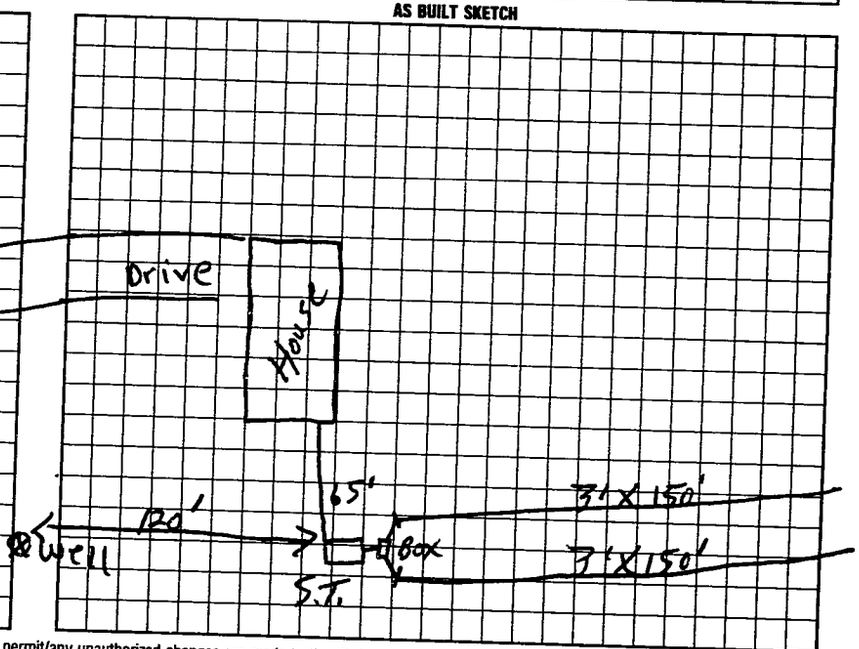
Comments:

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: _____

Improvement Permit by: R.C. moore date 10-8-91

Existing System Inspection by: _____ date _____

Installed by: Harry Reep

Certificate of Completion by: R.C. moore date 10-19-93

Operation Permit by: _____ date _____

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