45253

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. 15399 DATE 6-7-93 TAX MAP NO. 11C-A-36

OWNER OR CONTRACTOR Samuel Swicegood PHONE: Business _____ Home 871-0085

ADDRESS _____

LOCATION 64E TL Sain Rd 1mi on RL back off Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☐ Individual ☐ Community ☑ Public

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

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 36 Trench Depth 24 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 No. Bedrooms _____ Garbage Disposal: ☐ Yes ☐ No

☐ Mobile Home No. Bathrooms _____ Auto. Dishwasher: ☐ Yes ☐ No

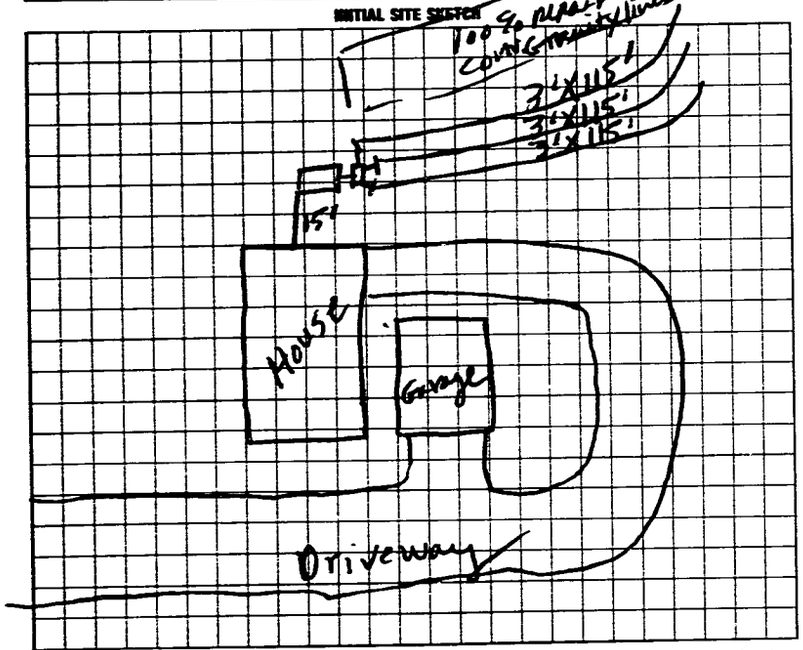
☐ Business No. Employees _____ Auto. Washing Machine: ☐ Yes ☐ No

☐ Other: _____ Other _____

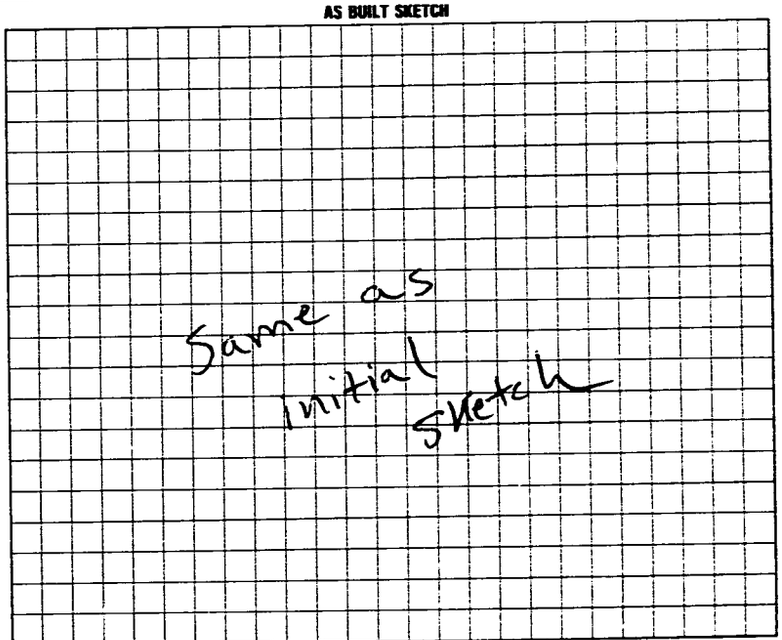
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments lay-out Replaces one made 10-28-92

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 Robert B. Houston - Builder

Improvement Permit by: P.C. moore date 6-7-93

Existing System Inspection by: _____ date _____

Installed by: James Hutler

Certificate of Completion by: P.C. moore date 10-18-93

Operation Permit by: _____ date _____

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