IREDELL COUNTY HEALTH DEPARTMENT

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

50803

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

PROPERTY DESCRIPTION NO. 16150 DATE 10-19-94 TAX MAP NO. 11 C - A - 8 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR A.J. Building Co. PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 64 E on left after Sain Rd TL New Street (Hunter Ridge Lane) at end

SUBDIVISION Hunter Ridge BLOCK / SECTION _____ LOT 7 LOT AREA 34,353 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .135

Septic Tank: 1000 Gallons; STB 794 Date 6-27-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: Pump to Conv. lines

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

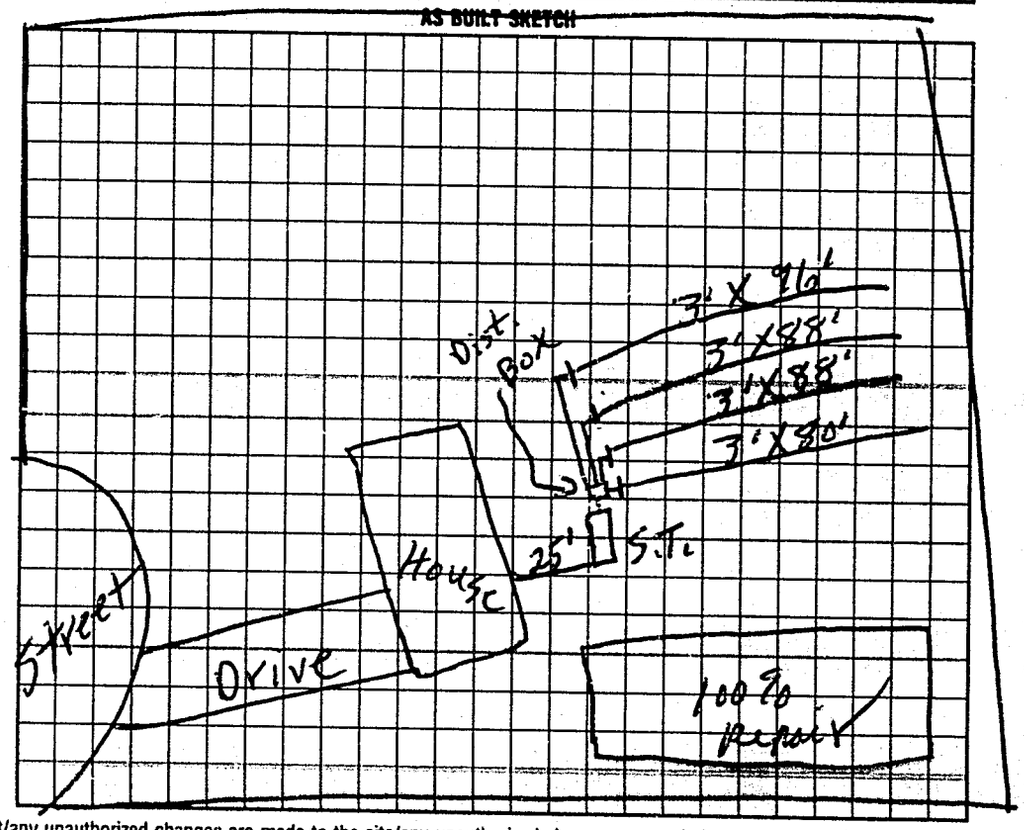
Water Supply: ☐ Individual ☐ Community ☒ Public

Comments:

Comments: Basement Plumbing if any must be pumped up to S.T.

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: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: L. C. Moore date 10-19-94

Operation Permit by: _____ date _____

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