62064

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. 24278 DATE 7-19-96 TAX MAP NO. 11F-1-4-~~8~~9 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Allen Freeze PHONE: Business _____ Home 873 6815

ADDRESS PO Box 5764 Statesville

LOCATION Riverhill Hill Rd TL Darty Lane on left

SUBDIVISION Darty Lane BLOCK / SECTION _____ LOT 7 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: _____
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

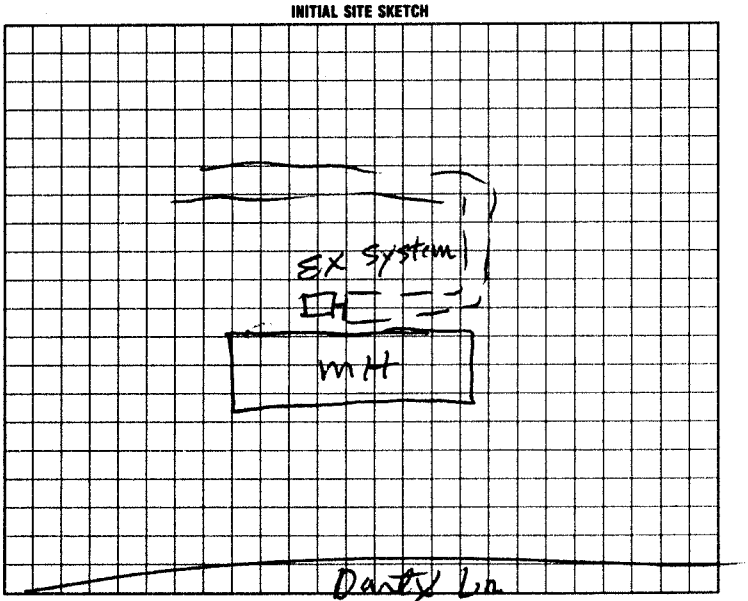
☒ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Community
☐ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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.

Signed: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: L. C. Moore date 7-19-96 Operation Permit by: _____ date _____

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