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. 17102 DATE 9-28-93 TAX MAP NO. 11E-3-A-11

OWNER OR CONTRACTOR Debra Caldwell PHONE: Business _____ Home 838-1343

ADDRESS Rt 14 Box 11 Sta

LOCATION 64E TL Riverhill Rd Just Past Darcy In on Rt

SUBDIVISION Clover Downs BLOCK / SECTION _____ LOT 11 LOT AREA 100'x300' SITE CLASS. PS L.T.A.R. .35

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB 356 Date 9-8-93 Tank was 3100 PSI

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 359

No Lines 5 Trench Width 36 Trench Depth 18+36 Gravel Depth 12

☑ New System ☐ Repair System Type: I (II. IV. V. VI

System Description: Conv. Gravity

Repair System Description: Conv. Pump

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☐ Yes ☑ No

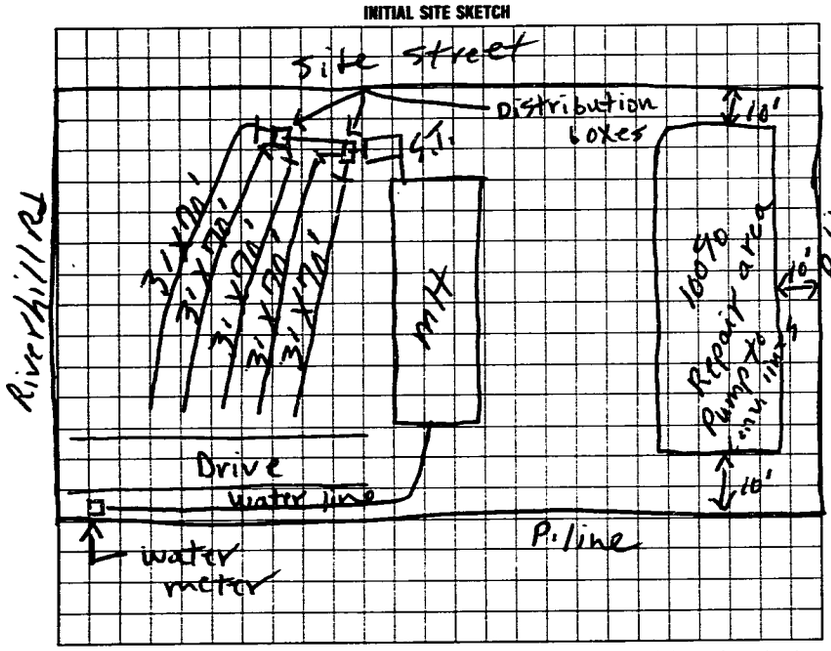
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

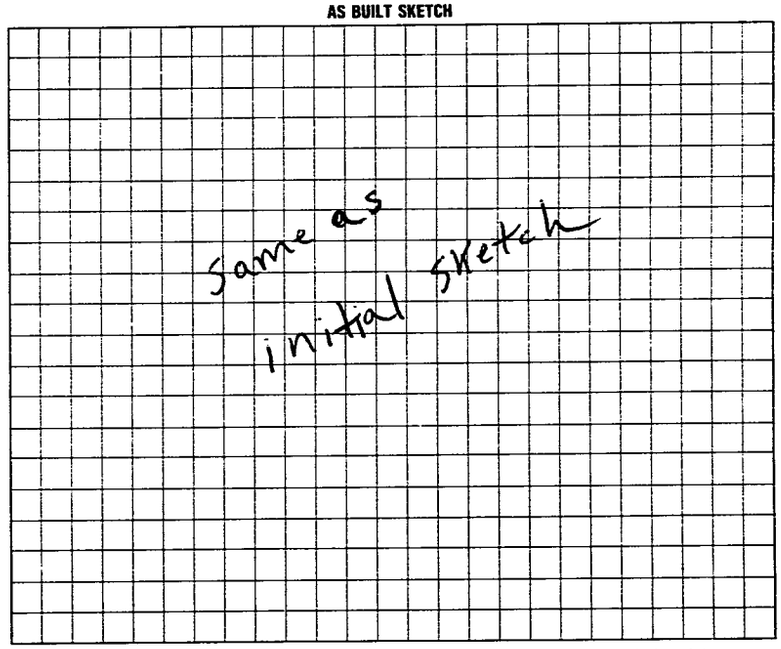
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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 Debra M Caldwell

Improvement Permit by: R.C. moore date 9-28-93

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: R.C. moore date 10-1-93

Operation Permit by: _____ date _____

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

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