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. Repair DATE 7-12-94 TAX MAP NO. Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Roy White PHONE: Business Home

ADDRESS 909 McAllister Rd Statesville

LOCATION 64E TL Sivann RD Th McAllister 1/2mi on RT corner of Evans

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. DESIGN FLOW 270 L.T.A.R. .3

Septic Tank: Ex. Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 2 Square Feet 900 Linear Feet 300

No Lines 6 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: 2 Fields Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

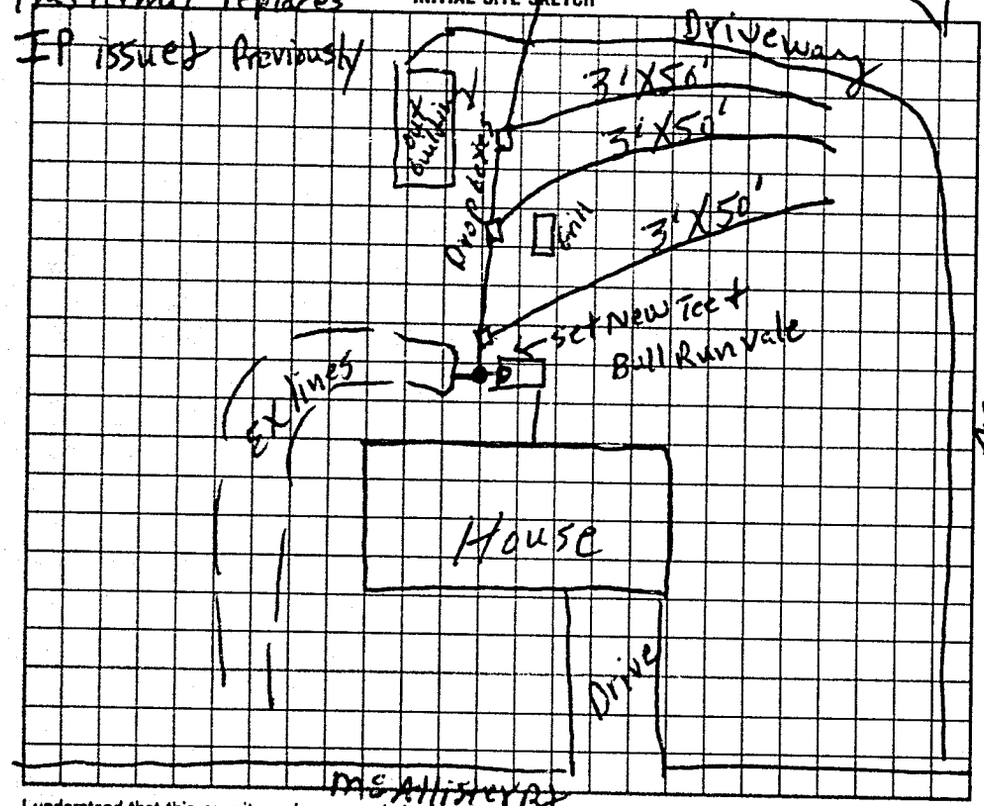
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: Property owner Purchased lot behind his house for additional area for drain line

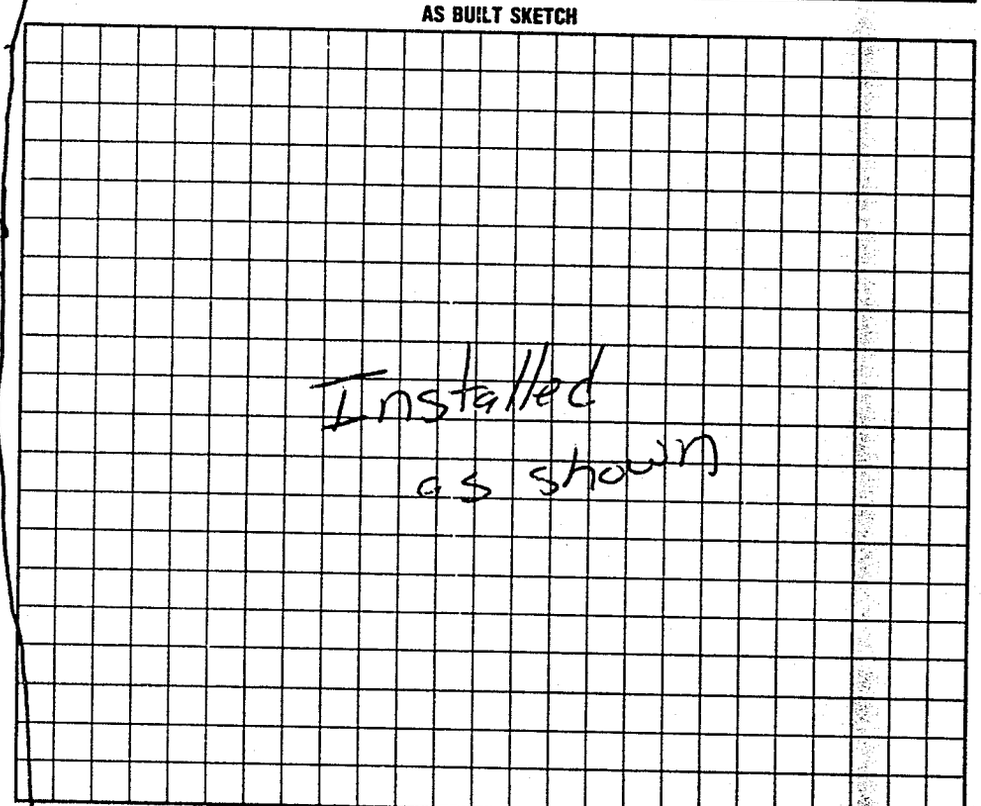
This Permit replaces IP issued Previously

INITIAL SITE SKETCH



Comments:

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: + Roy White

Improvement Permit by: J. C. Moore date 7-12-94

Existing System Inspection by: date

Installed by: Steve Jordan

~~Certificate of Completion by:~~ date

Operation Permit by: Mark C Oaks RS date 10-13-98

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