45896

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. 15282 DATE 6-10-93 TAX MAP NO. 11 F- A-10

OWNER OR CONTRACTOR C. Delan White PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Hwy 64 E TL Swann Rd 1mi on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA acerage SITE CLASS. PS L.T.A.R. .4

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1250 Gallons; STB 564 Date 10-4-90

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36 Trench Depth 36 Gravel Depth 12

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: Conv. Gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☑ Yes ☐ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

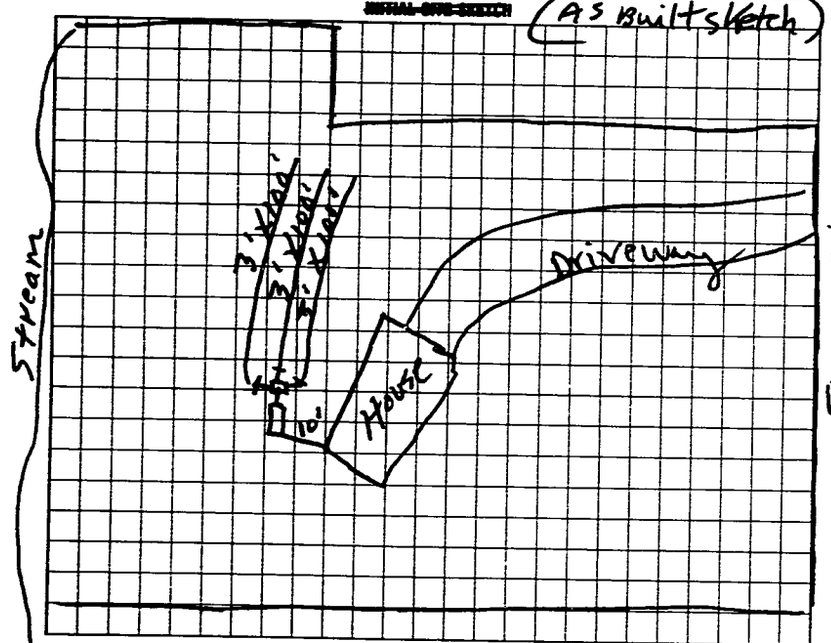
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

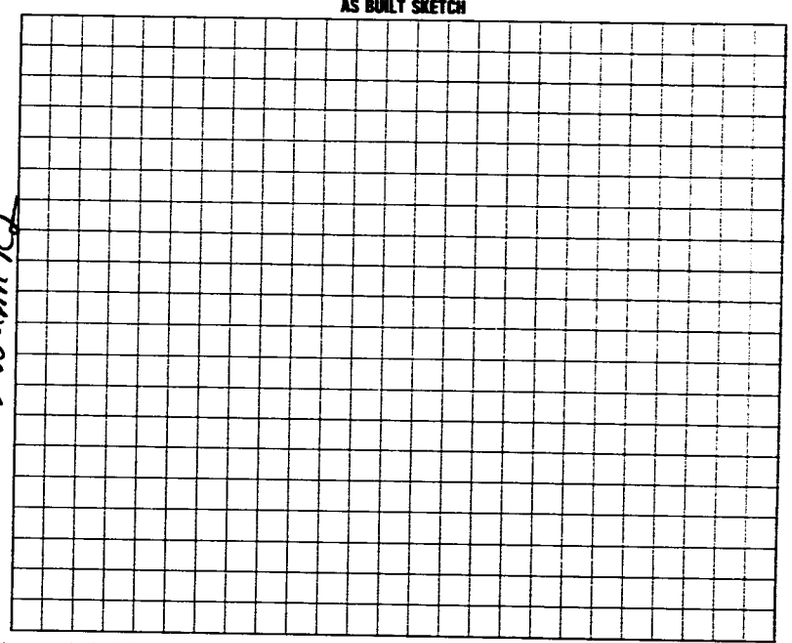
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments _____

INITIAL SITE SKETCH (As Built 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: _____ Installed by: A-1 Backhoe

Improvement Permit by: L. C. Moore date 10-5-92 Certificate of Completion by: L. C. Moore date 6-10-93

Existing System Inspection by: _____ date _____ Operation Permit by: _____ date _____

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