IREDELL COUNTY HEALTH DEPARTMENT

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

63631

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

PROPERTY DESCRIPTION NO. 25076 DATE 10-1-96 TAX MAP NO. 114-2-A-45 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Possmant Housing PHONE: Business 528-7120 Home

ADDRESS 1040 Charlotte Hwy Statesman N.C.

LOCATION Riverhill Rt TR Near Coolspring Rd Northfield 4th lot Rt

SUBDIVISION Coolwood BLOCK / SECTION LOT 45 LOT AREA 164X200 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 125

Septic Tank: 1000 Gallons; STB Date

Pump Tank. Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 6 Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: Conv Gravity

Repair System Description: Gravity Chambers

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

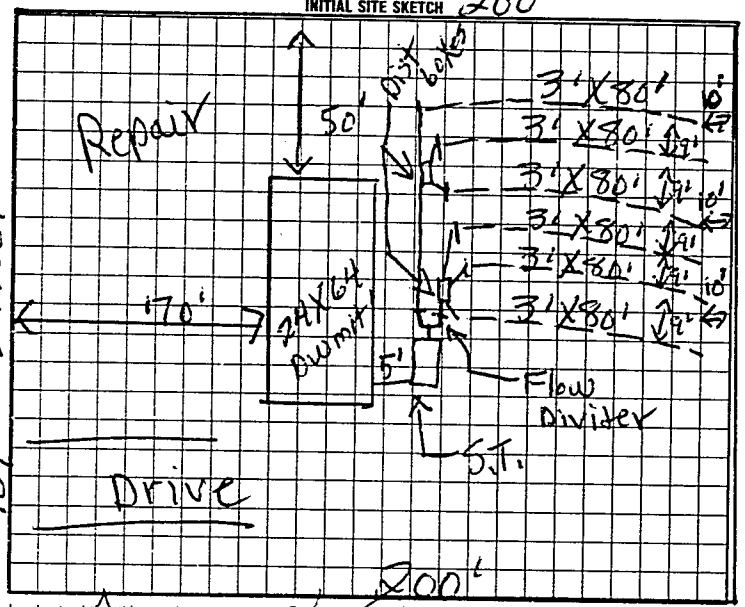
☐ Other

Water Supply: ☐ Individual ☐ Community ☑ Public

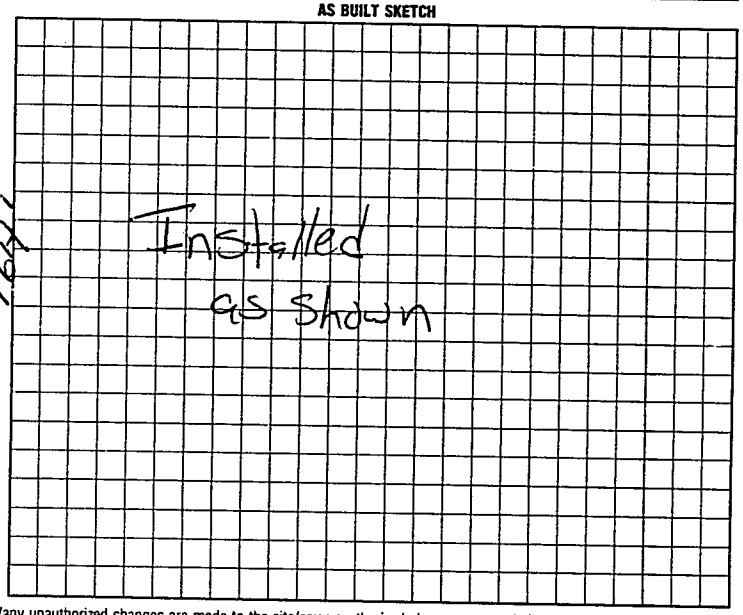
Comments:

Comments: Mobile Home Not on site Time of Final Inspection

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.

Signed: Jerry F. Carter

Improvement Permit by: R.C. Moore date 10-1-96

Authorization to Existing System Inspection by: R.C. Moore date 10-1-96

Installed by: G & M Enterprises

Certificate of Completion by: date

Operation Permit by: Mark C. Ott RS date 10-11-96

to cover. Authorization to cover EXPIRES 60 DAYS FROM ISSUE

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

608100