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. 21620 DATE 7-17-95 TAX MAP NO. 116-2-A-11 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Darrell Morgan PHONE: Business _____ Home 873-7528

ADDRESS 925 Fourth St. Statesville

LOCATION 64E TL Swann Rd at TR Rivenhill Rd TR coolspRd 1/4mi Rt

SUBDIVISION Coolwood BLOCK / SECTION _____ LOT 11 LOT AREA .75 acres SITE CLASS. PS DESIGN FLOW ~~720~~ L.T.A.R. .32

Septic Tank: 1000 Gallons; STB 794 Date 6-15-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom 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 ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees _____

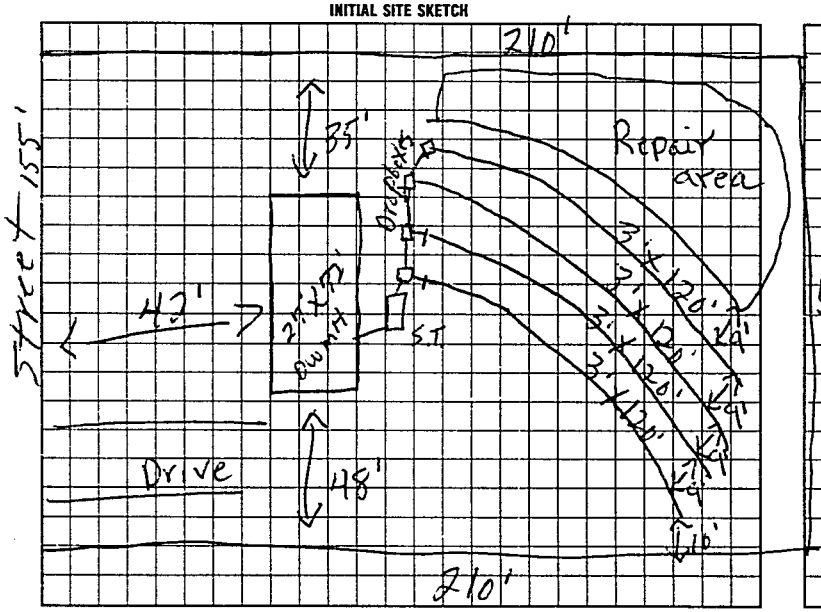
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

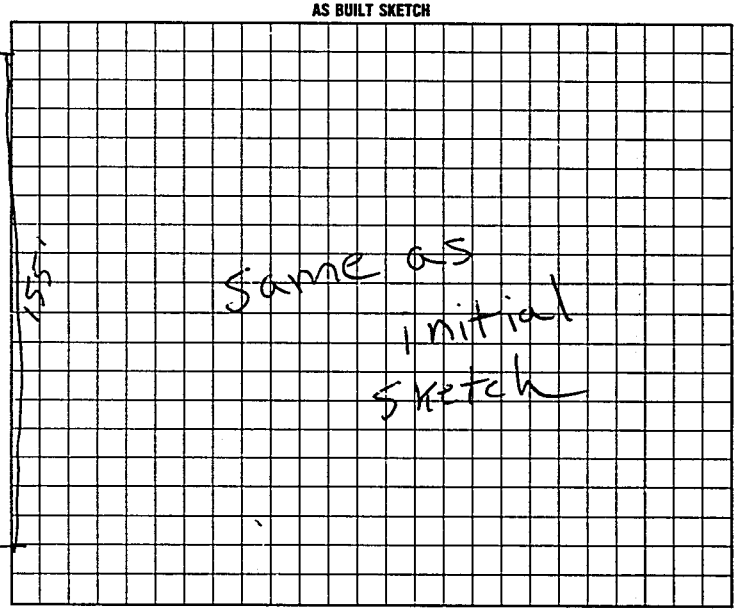
Comments:

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 Dave Hulle

Improvement Permit by: E.C. Moore date 7-17-95

Existing System Inspection by _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: E.C. Moore date 8-4-95

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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