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. 25524 DATE 11-20-96 TAX MAP NO. 116-2-A-29 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR William Ellism PHONE: Business Home 871-9345

ADDRESS 1509 Crawford Rd

LOCATION 64E Th Cool Spi Rd Th Coolwood Dr on Rt

SUBDIVISION Coolwood BLOCK / SECTION LOT 29 LOT AREA 1 acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 1512 Date 8/29/96

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 4 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: Pump To Chambers

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

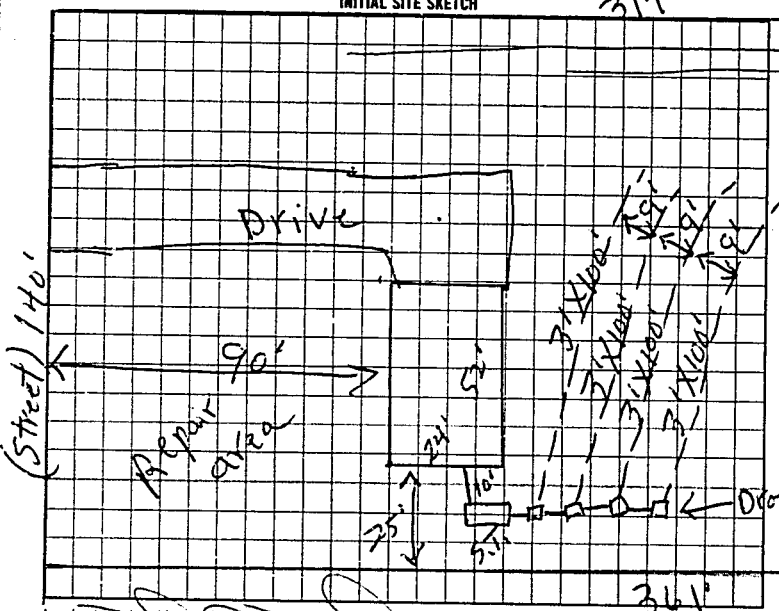
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

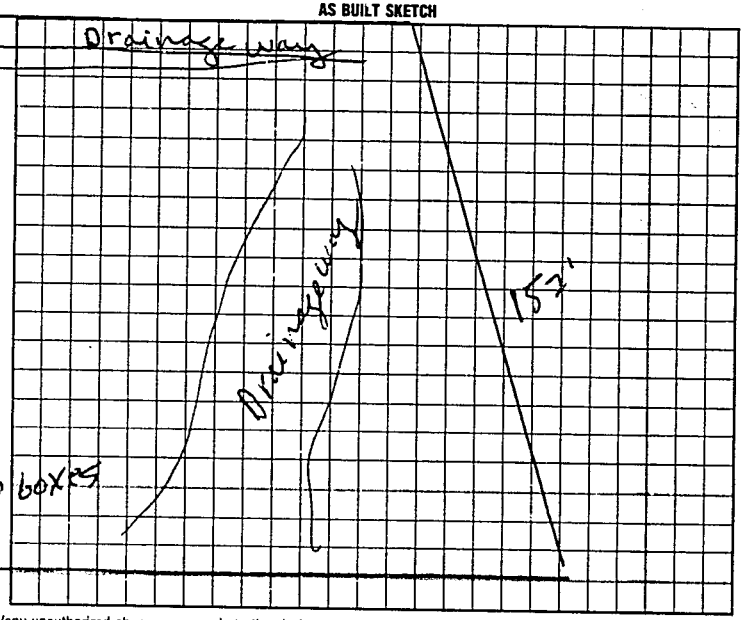
Comments:

Comments: SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH.

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: X

Improvement Permit by: L.C. Moore date 11-20-96

Existing System Inspected by: L.C. Moore date 11-20-96

Authorization to Construct

Installed by: FORREST SHUFFORD

Certificate of Completion by: date

Operation Permit by: STEVE HEDRICK date 1-3-97

EXPIRES 60 mos from issue

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

25000