52520

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. 18929 DATE 8/11/94 TAX MAP NO. 12E-1-A-34 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR CHARLES REED PHONE ~~Business~~ LOCAL 546-5261 Home (304) 938-5716

ADDRESS Box 672, JAEGER, WV 24844

LOCATION US 21 N, TR BETHEL RD TL THOMAS ROCK RD, 2ND LOT ON (L) PAST WELLS LANE

SUBDIVISION BETHEL PARK BLOCK / SECTION ____ LOT 34 LOT AREA 150 x 200 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6/29/94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Lines 1 Square Feet 1035 Linear Feet 345

No Lines 4 Trench Width 36" Max. Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

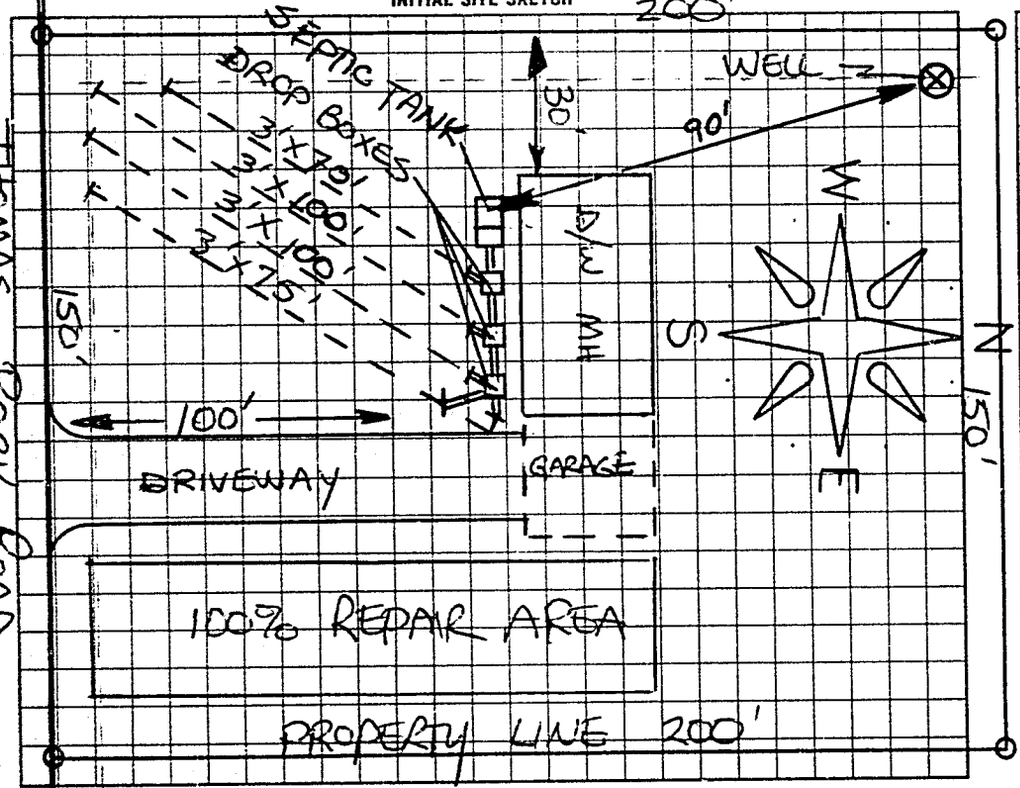
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: (1) KEED SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINES, 90' FROM WELL (2) INSTALL LINES ON CONTOUR. NO DEEPER THAN 36", 9' APART ON CENTER.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: + Susan D. Reed

Improvement Permit by: STEVE HEDRICK date 8/11/94

Existing System Inspection by: ____ date ____

Installed by: KENNY PEARSON

Certificate of Completion by: STEVE HEDRICK date 9/22/94

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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