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. 17456

DATE 11/18/93 TAX MAP NO. 12E-1-A-16

OWNER OR CONTRACTOR FILBERT D. PISHNER

Watershed: ☐ Yes ☒ No

ADDRESS P.O. BOX 432, BEAVER, WV 25813 PHONE: Business ______ Home (304) 252-2571

LOCATION US 21N, TR BETHEL RD, TL BETHEL PARK, BEAR (L) AT 'T', 1ST LOT ON (R)

SUBDIVISION 'BETHEL PARK' BLOCK / SECTION ______ LOT 16 LOT AREA ~170' x 250' SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB ______ Date ______

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines ______ 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

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

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other RANNED FOR FUTURE 3BR

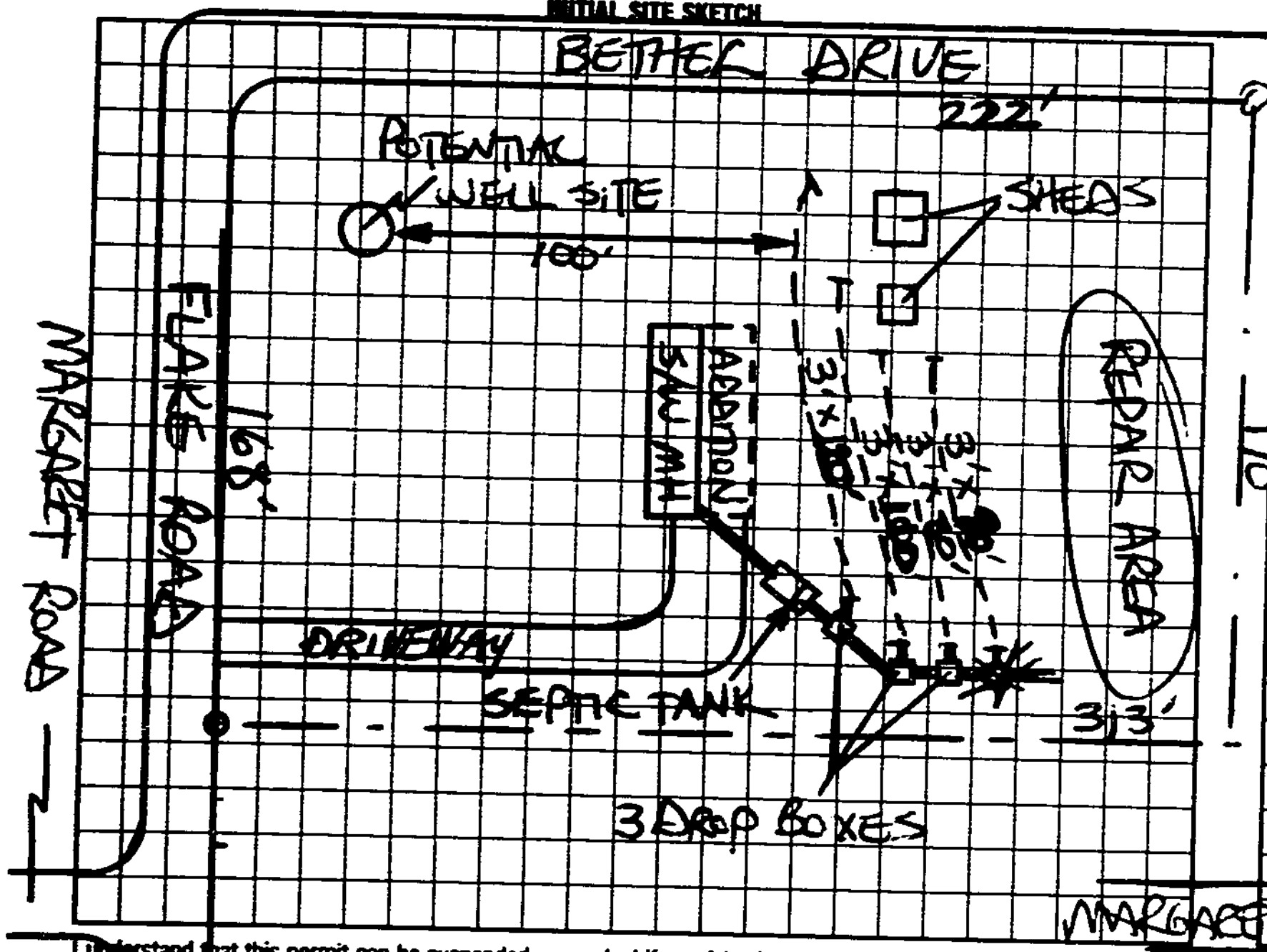
No. Bedrooms 2 No. Bathrooms 1 No. Employees ______

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

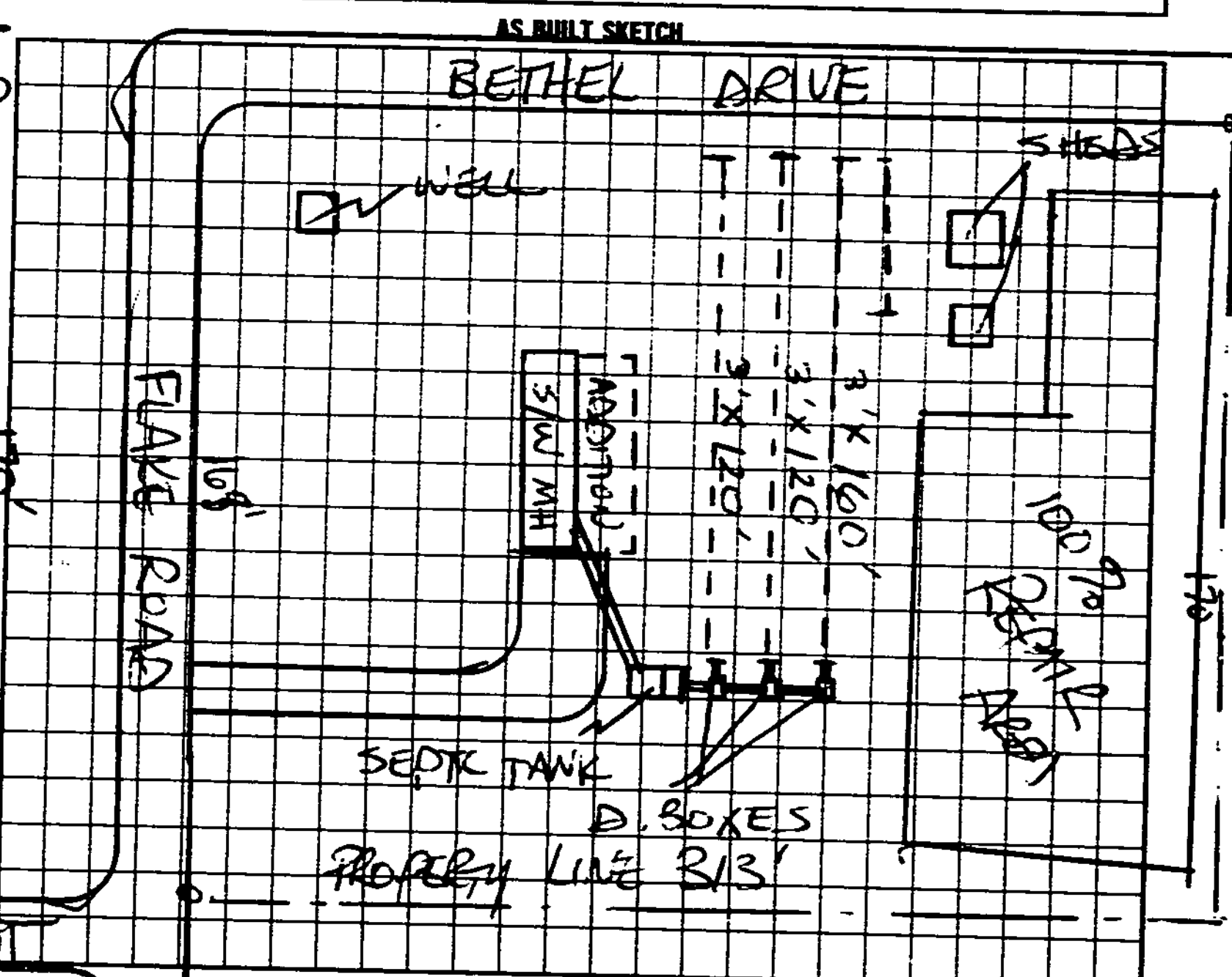
Comments: (1) KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 100' FROM WELL (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 4' APART ON CENTER

Comments: SYSTEM OPEN DURING PERIOD OF RAIN.

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 Filbert D. Pishner

Improvement Permit by: STEVE HEDRICK date 11/18/93

Existing System Inspection by: ______ date ______

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 12/28/93

Operation Permit by: ______ date ______

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