IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 54594

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

PROPERTY DESCRIPTION NO. 20366 DATE 2-22-95 TAX MAP NO. 5P-A-95 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Harlee Levan PHONE: Business _____ Home 872-7140

ADDRESS 131 Road Runner Ln Sta

LOCATION 70E TL Elmwood Rd TR Road Runner 1st mtt rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .62 acres SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: _____
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1½
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

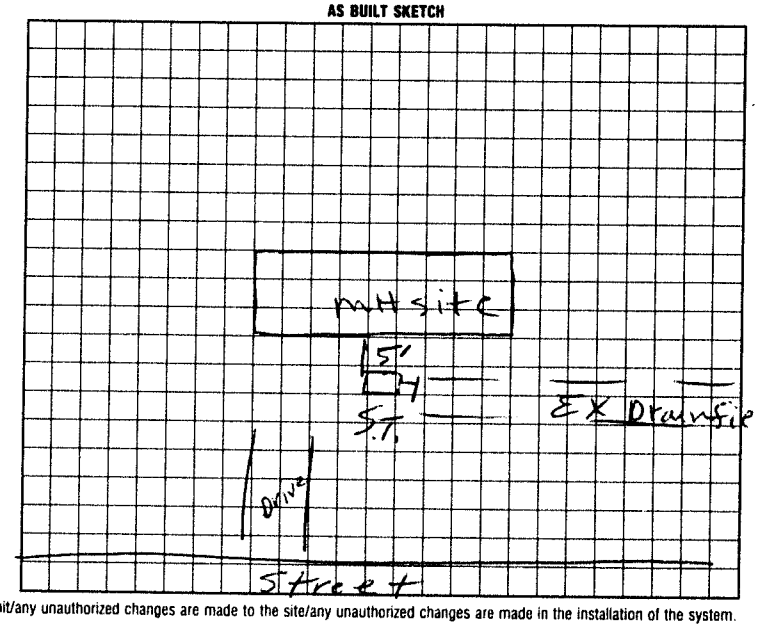
Water Supply:
☑ Individual
☐ Community
☐ Public

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: P. C. Moore date 2-22-95

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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