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. _____ DATE 10-1-93 TAX MAP NO. _____

OWNER OR CONTRACTOR Charles Stafford PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 70E TL Elmwood Rd 2mi TR Private Rd at end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: EX Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36 Trench Depth 24 Gravel Depth 12

☐ New System ☑ Repair System Type: I. II (III) IV. V. VI

System Description: _____

Repair System Description: Con Gravity valve

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms _____ Garbage Disposal: ☐ Yes ☐ No

☐ Mobile Home No. Bathrooms _____ Auto. Dishwasher: ☐ Yes ☐ No

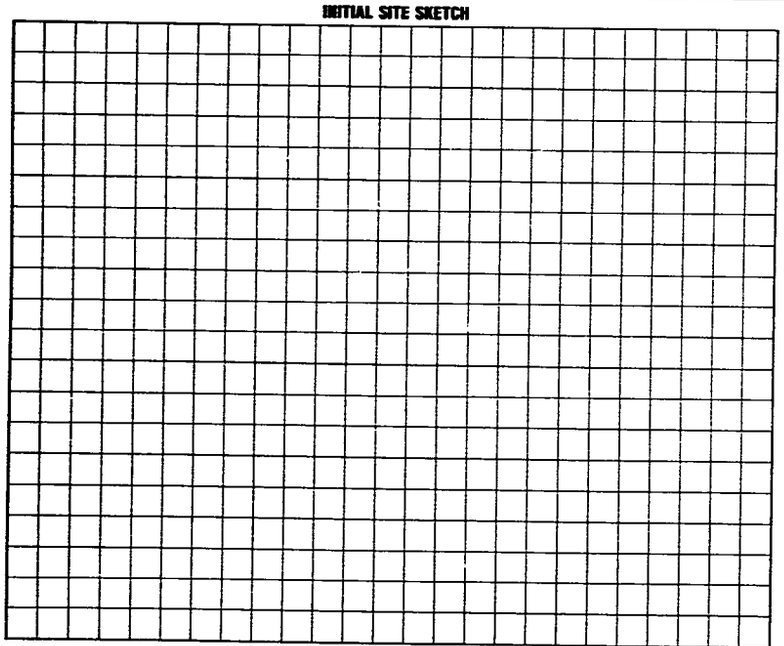
☐ Business No. Employees _____ Auto. Washing Machine: ☐ Yes ☐ No

☐ Other _____ Other _____

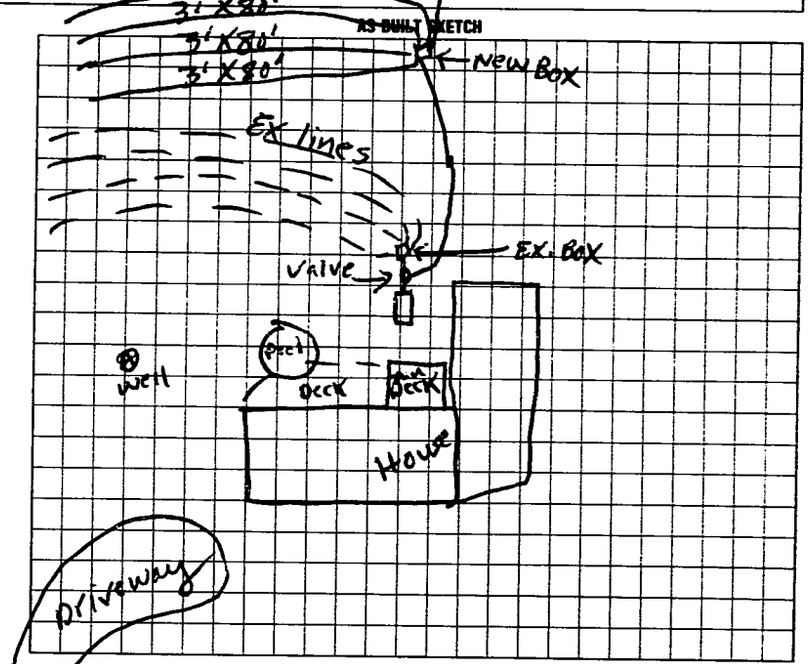
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments Repaired by adding NEW set of Drainlines with Bull Run valve 3'x80' NEW Lines are on No. 2 on Valve

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: P.C. Moore date 5-5-93

Existing System Inspection by: _____ date _____

Installed by: Ron Dishman (Rowan Co.)

Certificate of Completion by: P.C. Moore date 10-1-93

Operation Permit by: _____ date _____

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