46428

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. 15873 DATE 5-20-94 TAX MAP NO. 11G-1-A-10 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Dan willard PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 64E TL 5th creek Rd TR Garris Dr. TR Blueberry Hill on left at end

SUBDIVISION Blueberry Hill BLOCK / SECTION _____ LOT 10 LOT AREA 2.145 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1250 Gallons; STB 3i Date 7-2-93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: Pump to Conv. lines

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

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

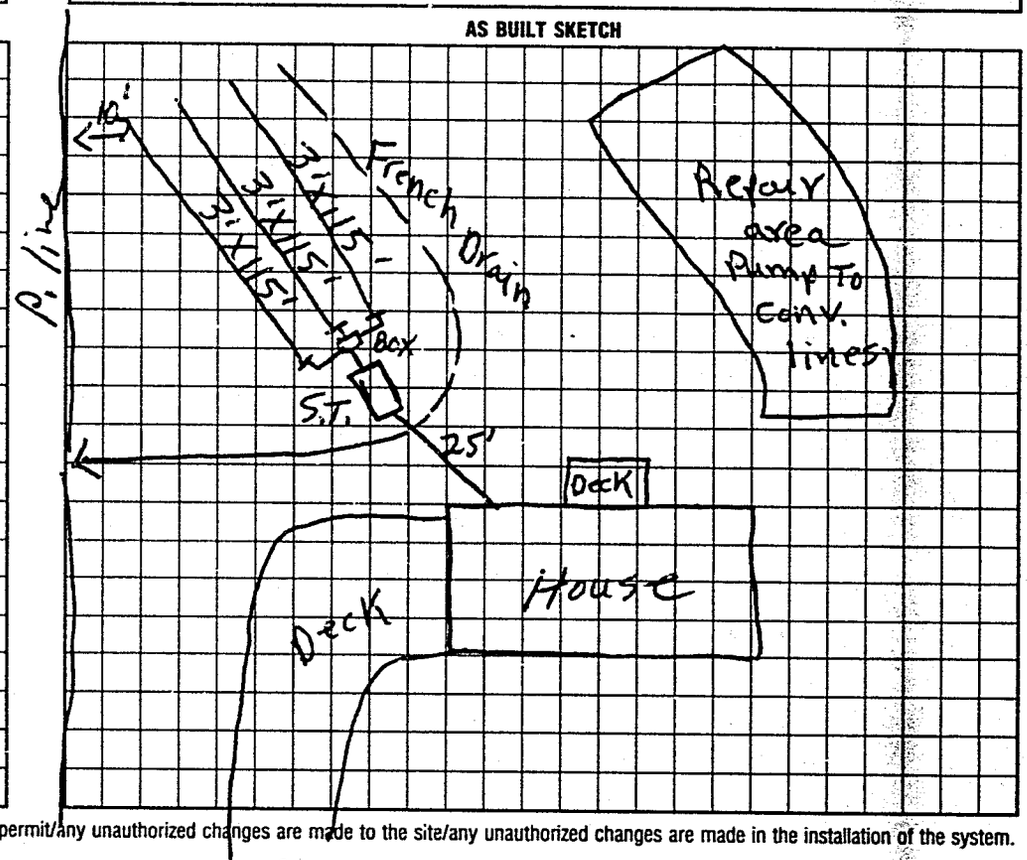
Water Supply: ☐ Individual ☐ Community ☑ Public

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: F. C. moore date 3-1-93

Existing System Inspection by: _____ date _____

Installed by: Pat Murphy

Certificate of Completion by: F. C. moore date 5-20-94

Operation Permit by: _____ date _____

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