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. 16102 DATE 9-13-93 TAX MAP NO. 11G-1-A-6

OWNER OR CONTRACTOR Wilson Ruth PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 64E TL 5th Creek Rd TR Garris TR Blueberry Hill 2nd lot Rt

SUBDIVISION Blueberry Hills BLOCK / SECTION _____ LOT 6 LOT AREA 2acres+ SITE CLASS. P.S. L.T.A.R. .3

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1250 Gallons; STB 564 Date 4-16-92

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 3 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36 Trench 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. "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees _____

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

Garbage Disposal: ☐ Yes ☑ No

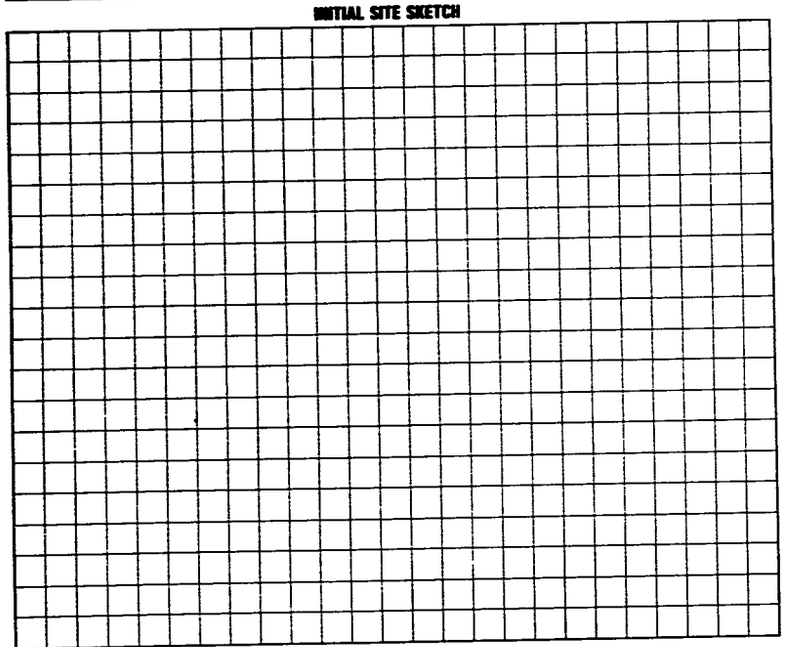
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

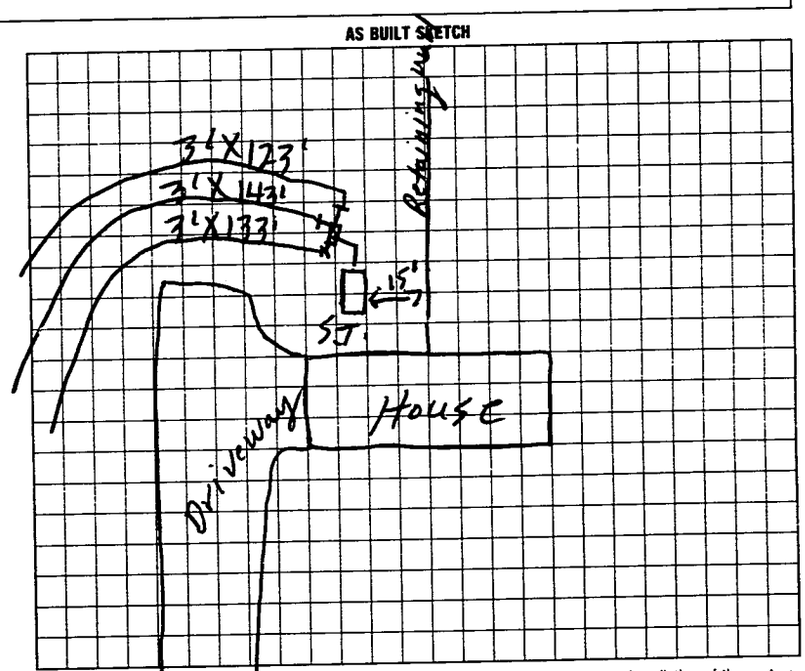
Other _____

Comments Bathroom + Plumbing in basement will be pumped up to S.T.

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: J.C. Moore date 4-7-93

Existing System Inspection by: _____ date _____

Installed by: J.C. Forsyth

Certificate of Completion by: J.C. Moore date 9-13-93

Operation Permit by: _____ date _____

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