11G-1-A-14

53594

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. 19741 DATE 11-14-94 TAX MAP NO. 11-14-94 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Jeffrey Slate PHONE: Business _____ Home 881-0900

ADDRESS _____

LOCATION Hwy 64 E TL Fifth Creek Rd TR Garris Dr TL Blueberry Hill 1000' rt

SUBDIVISION Blueberry Hills BLOCK / SECTION II LOT 14 LOT AREA 3.12 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 9-6-95
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1380 Linear Feet 460
No Lines 4 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: " "
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

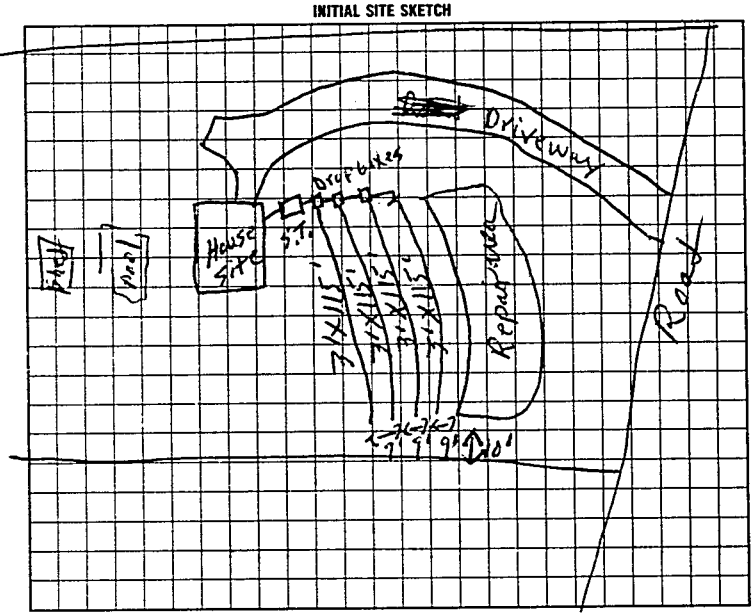
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other ___

Water Supply:
☐ Individual
☐ Community
☑ Public

Comments: House Site 143' OFF Rt

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: E.C. moore date 11-14-94

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: _____ date _____

Operation Permit by: E.C. moore date 11-30-95

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

762100