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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. Repair DATE 3-24-95 TAX MAP NO. ______ Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR John Dewitt PHONE: Business ______ Home 873-2189

ADDRESS 224 Woodleaf Rd Iredell Co.

LOCATION 64E past cool sp. School TR woodleaf Rd 1/2 mi on Rt.

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA acreage SITE CLASS. PS DESIGN FLOW ______ L.T.A.R. ______

Septic Tank: 1000 Gallons; STB 794 Date 2-23-95

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: ______

Repair System Description: conv. Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ______

☐ Business No. Employees ______

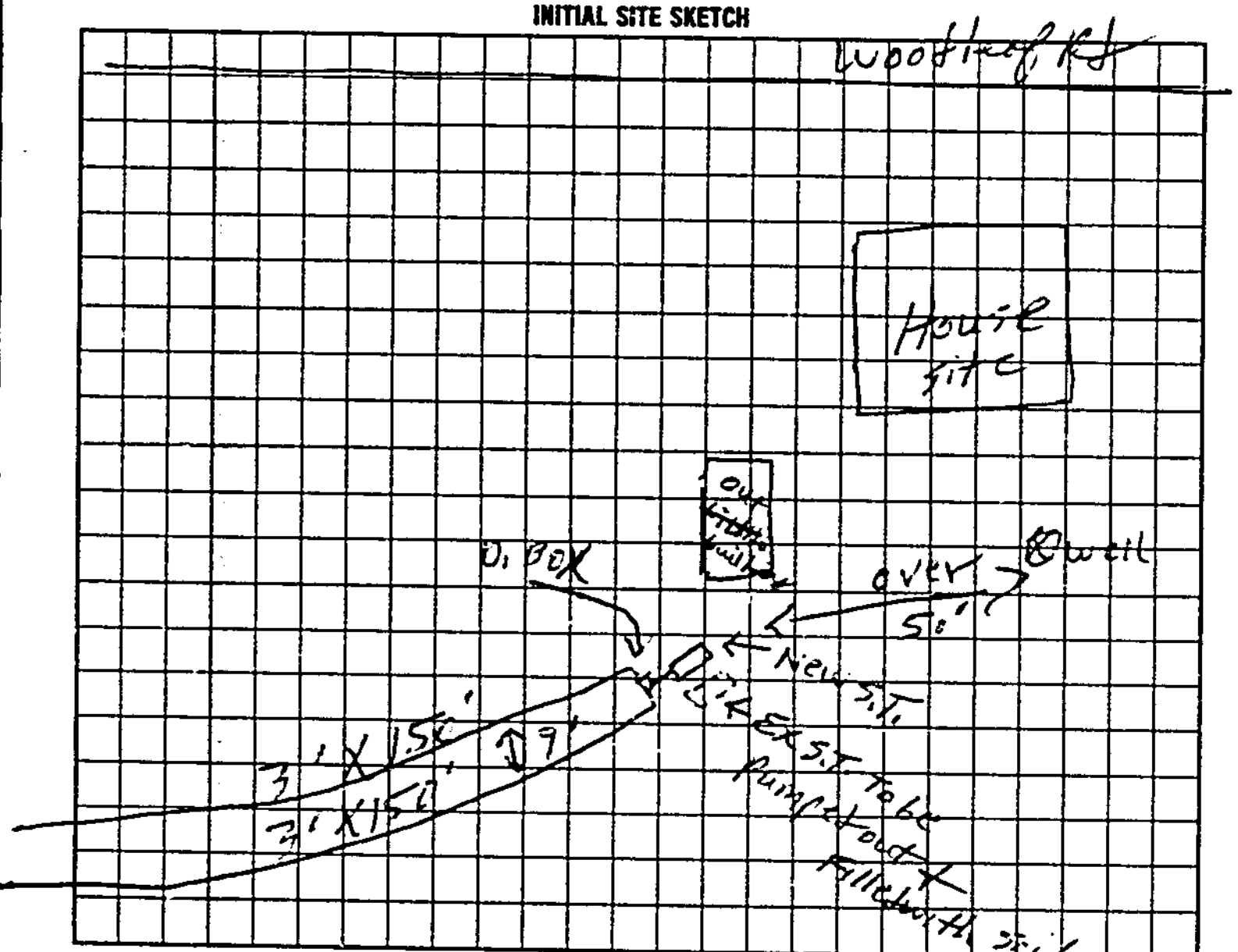
☐ Other ______

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

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: John A. Dewitt

Improvement Permit by: L. C. Moore date 3-24-95

Existing System Inspection by: ______ date ______

Installed by: Wes Elton

Certificate of Completion by: L. C. Moore date 4-27-95

Operation Permit by: ______ date ______

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