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. 16498 DATE 6-15-93 TAX MAP NO. 11K-A-10

OWNER OR CONTRACTOR Francois Barrieve PHONE: Business Home 873-4966

ADDRESS Rt 1 Box 95 Statesville

LOCATION 64E TL Cool Springs Rt JR Lossor Heat Rt 1½mi on Rt

SUBDIVISION Cool springs mhp BLOCK / SECTION LOT 8 LOT AREA 24500 SITE CLASS. PS L.T.A.R. .4

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1000 Gallons; STB 358 Date 9-1-93

Pump Tank: Gallons; PT Date

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

No Lines 3 Trench Width 36 Trench Depth 24 Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

Garbage Disposal: ☐ Yes ☑ No

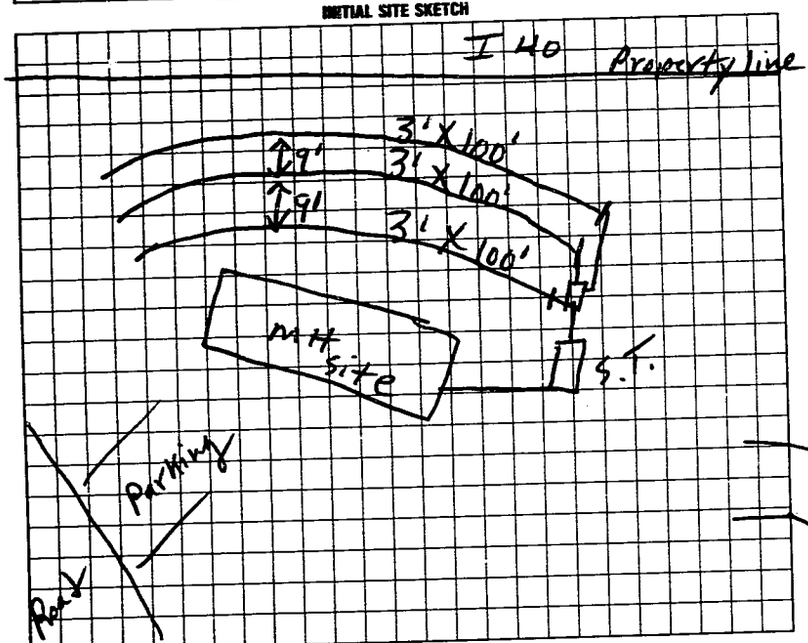
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☐ Yes ☐ No

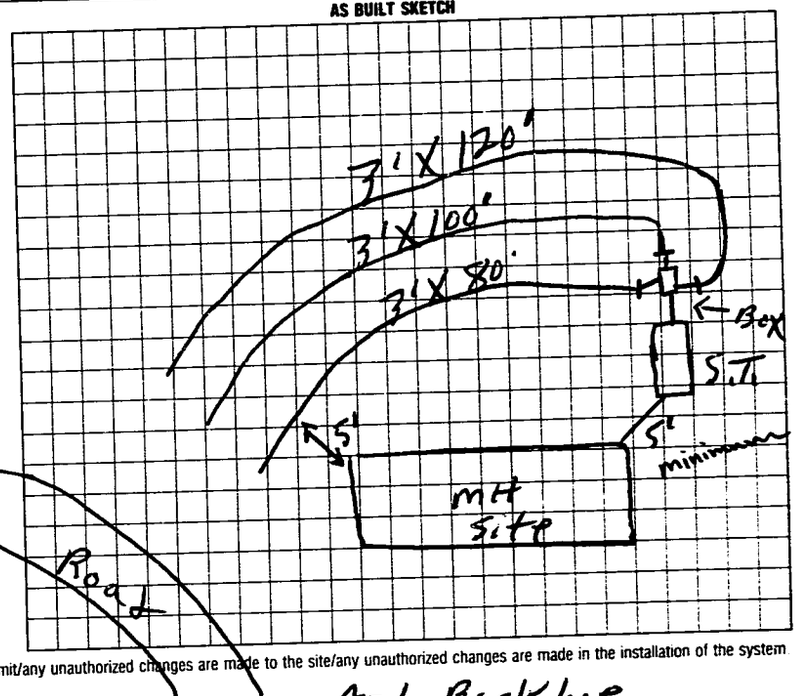
Other

Comments Home Not located at Time of This inspection Keep 5' minimum away from S.T. System

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: F. Francois Barrieve

Improvement Permit by: R.C. Moore date 6-15-93

Existing System Inspection by: date

Installed by: A-1 Backhoe

Certificate of Completion by: R.C. moore date 10-5-93

Operation Permit by: date

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