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 7/1/93 TAX MAP NO. REPAIR

OWNER OR CONTRACTOR CLARENCE COMER PHONE: Business _____ Home _____

ADDRESS _____

LOCATION OLD MOCKSVILLE ROAD NE, ON (L) JUST BEFORE VAUGHN MILL ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA AMPLE SITE CLASS. PS L.T.A.R. EXISTING

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Nitrification Field: No Fields _____ Square Feet 300 Linear Feet 100

No Lines 2 Trench Width 36" Trench 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

☐ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

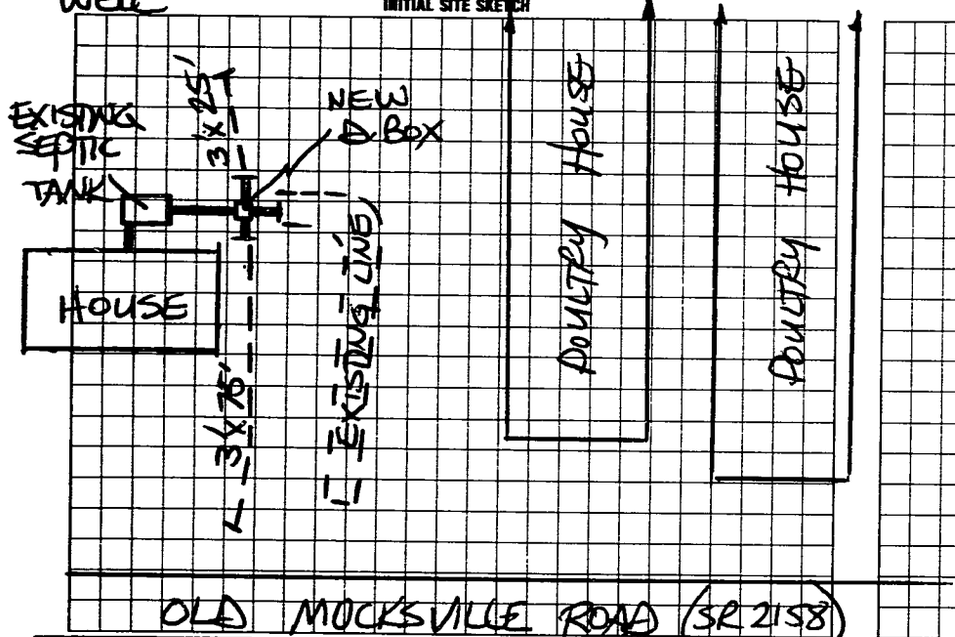
☐ Other _____ Other _____

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

Comments (1) CHECK S.T. FOR INTEGRITY & INSTALL NEW SANITARY TEE IF NECESSARY (2) INSTALL NEW D. BOX AS SHOWN (3) INSTALL NEW 3'X 100' LINES AS SHOWN, ON CONTOUR.

WELL

INITIAL SITE SKETCH



AS BUILT SKETCH

REPAIR INSTALLED ACCORDING TO INITIAL SITE 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 valid for 60 months from date of issuance.

Signed: X Clarence E Comer

Improvement Permit by: STEVE HEDRICK date 7/1/93

Existing System Inspection by: _____ date _____

Installed by: SAMMY REAVIS

Certificate of Completion by: STEVE HEDRICK date 7/2/93

Operation Permit by: _____ date _____

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