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. 067580 DATE 6-25-97 TAX MAP NO. 4789074954 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Eric D. Andersen PHONE: Business _____ Home 876 6680

ADDRESS 178 C

LOCATION 21N TR 901 TR CranGill Rd on left at Pavement End.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.54AC SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 Trench Width 36 Max Trench Bottom Depth 18-36 Gravel Depth 12

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

System Description: Gravity Conven.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

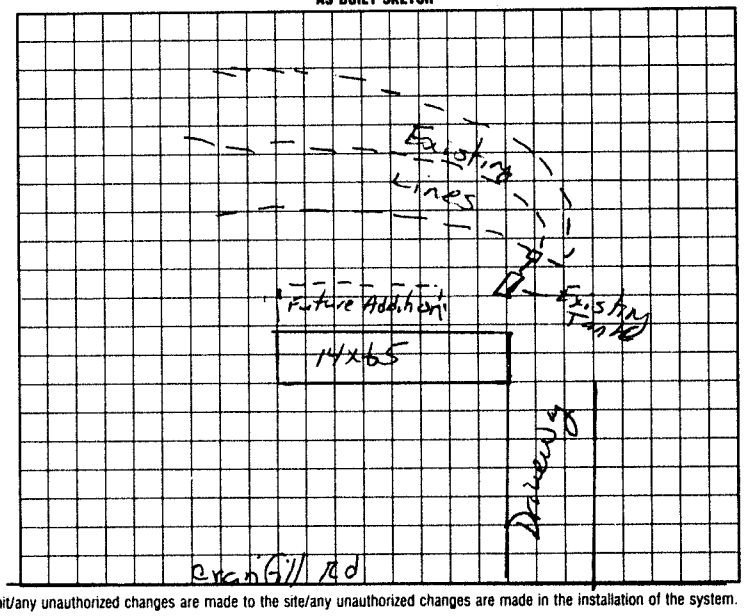
Water Supply:
☐ Individual
☐ Community
☒ Public

Comments:

Comments:
Existing System Check
Keep S/W 5ft from 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: Eric D Andersen

Improvement Permit by: _____ date _____

Existing System Inspection by: Mary C Ortiz date 6-25-97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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