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. 16355 DATE 6-4-93

OWNER OR CONTRACTOR Patricia McCann PHONE: Business Home 539-4484

TAX MAP NO. 12J-A-20B

ADDRESS

LOCATION US 21 N TR N.C. 901 1/4mi TR Cranfil Rd approx 2mi TL Private Rd mH off Rd

SUBDIVISION BLOCK / SECTION LOT LOT AREA 28 acres SITE CLASS. P.S. L.T.A.R. .4

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB 1012 Date 3-25-93

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) III, IV, V, VI

System Description: Conv. Gravity

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 1 No. Employees

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

Garbage Disposal: ☐ Yes ☐ No

Auto. Dishwasher: ☐ Yes ☐ No

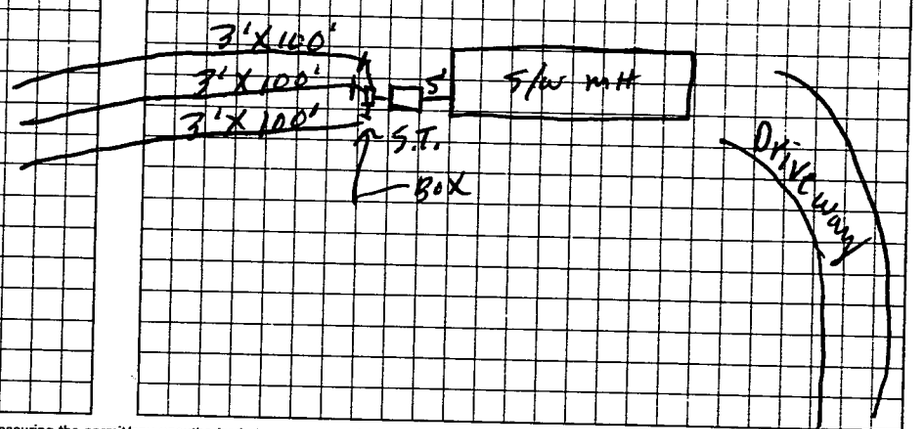
Auto. Washing Machine: ☐ Yes ☐ No

Other

Comments

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:

Improvement Permit by: Steve Helrick date 5-17-93

Existing System Inspection by: date

Installed by: Tommy Frye

Certificate of Completion by: E.C. Moore date 6-4-93

Operation Permit by: date

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