2:00

# 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. 25842 DATE 2-12-97 TAX MAP NO. 12A-A-32 (pt) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Stanley Reynolds PHONE: Business Home

ADDRESS 133 Hill Billy Un. Sta

LOCATION 64E To Battle Rt To Garton Valley 1/2 mi left

SUBDIVISION Saddlebrook BLOCK / SECTION LOT 18 LOT AREA 1 acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 820 Date 2-12-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: Gravity Chambers

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

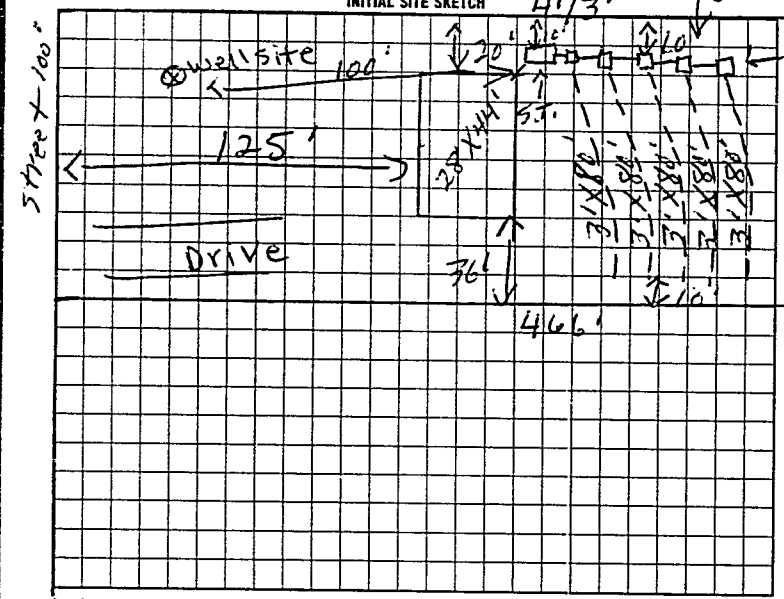
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

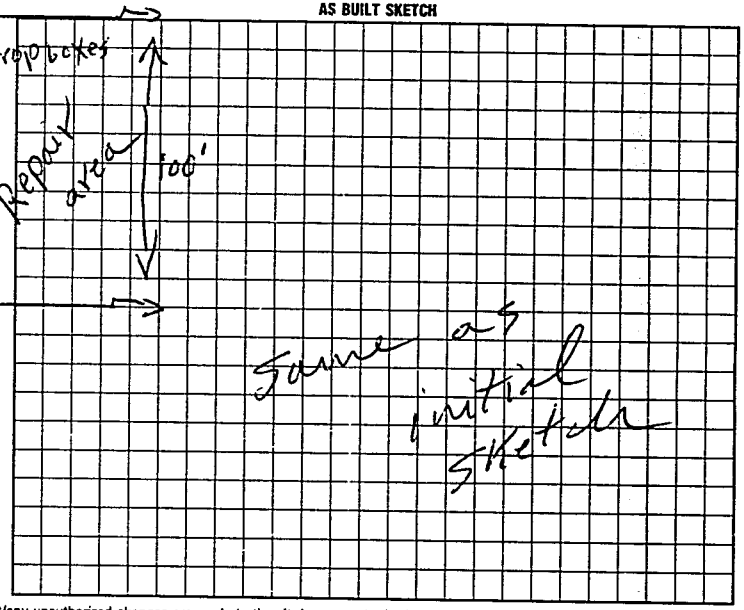
Comments:

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: X Stanley B Reynolds

Improvement Permit by: P. C. Moore date 2-12-97

Authorization to Existing System Inspection by: P. C. Moore date 2-12-97

Installed by: Tommy Nixon

Certificate of Completion by: date

Operation Permit by: P. C. Moore date 3-13-97

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

to count!

Authorization to count EXPIRES 60 mos from issue

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