Paid #125 to Health Dept. / Margaret Burke

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. LOVE VALLEY DATE 12/7/93 TAX MAP NO. 15D-A-154 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR BETTY REYNOLDS PHONE: Business (919) 789-4423 Home (919) 789-5141 EXT 129

ADDRESS 202 TAYLOR ST, MT. AIRY, NC, 27030

LOCATION NC 115 N, TL MTN. VIEW RD., TR LOVE VALLEY RD, ON (R) PAST TOWN HALL

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 11-9-96
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230
No Lines 4 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: CONV. GRAVITY
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

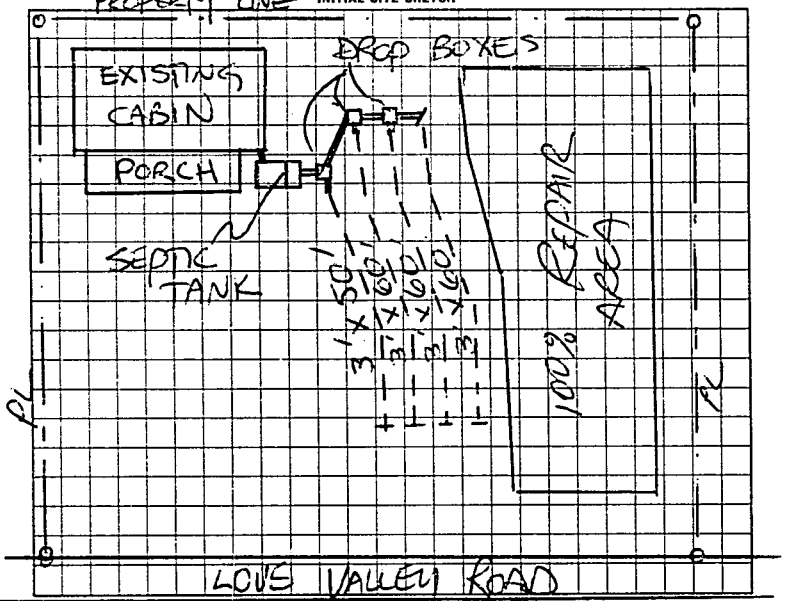
☑ House/Mod. Home No. Bedrooms 1
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees _____
☐ Other PLANNED FOR 2BR
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☑ Public

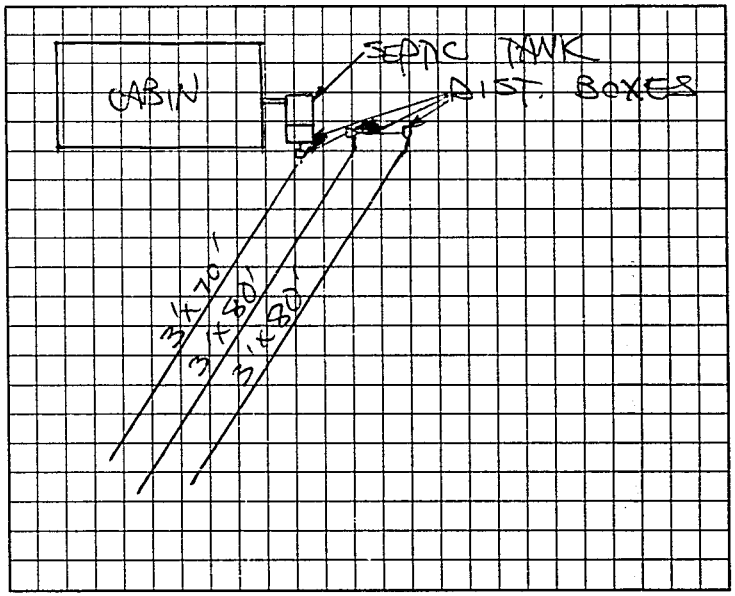
Comments: (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36" 9' APART ON CENTER (3) USE DROP BOX DISTRIBUTION

Comments: SYSTEM CHANGED W/O PRIOR APPROVAL FROM HEALTH DEPT.

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: Betty Reynolds

Improvement Permit by: STEVE HEDRICK date 12/7/93

Existing System Inspection by: _____ date _____

Installed by: DANNY WHITAKER

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HEDRICK date 1-15-96

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

SL6100