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. 16281 DATE 11/9/93 TAX MAP NO. 15K-A-45

OWNER OR CONTRACTOR PHYLLIS MARION NEWMAN PHONE: Business _____ Home _____ Watershed: ☐ Yes ☒ No

ADDRESS _____

LOCATION NC 115 N, TL LINNEYS MILL RD, TR BOWLES STABLE RD, 1ST (H) ON (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.11 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 8/10/93
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 28" Gravel Depth 12"

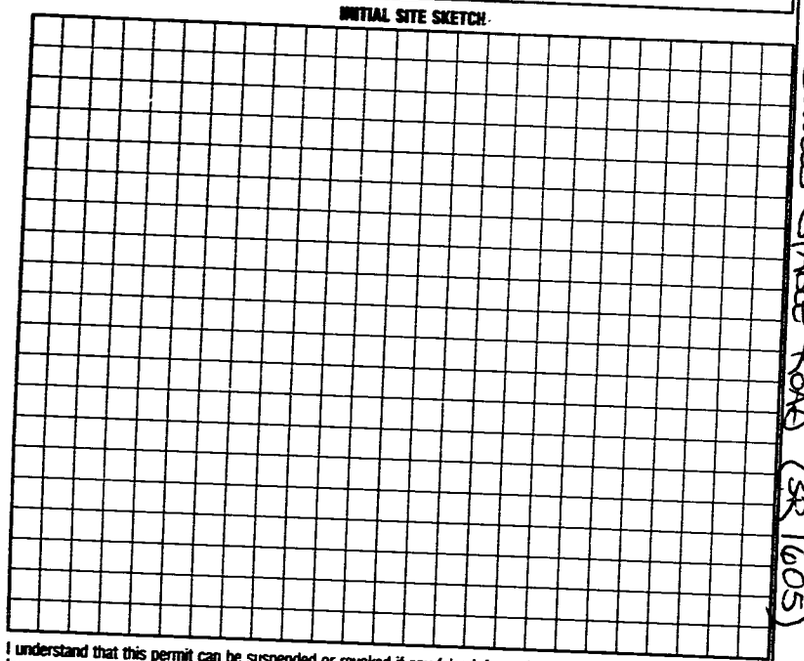
☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONV. GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No

☒ 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 WELL

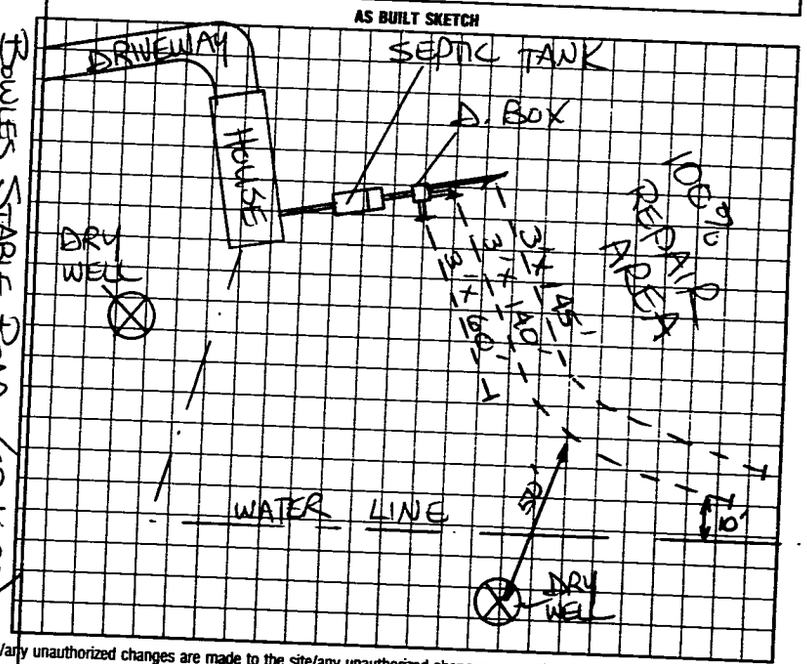
Comments:

INITIAL SITE SKETCH



Comments:

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 HEDRICK date 5/3/93

Existing System Inspection by: _____ date _____

Installed by: ROWAN SEPTIC TANK - GEORGE KIRKPATRICK

Certificate of Completion by: STEVE HEDRICK date 11/9/93

Operation Permit by: _____ date _____

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