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. REPAIR DATE 12/12/94 TAX MAP NO. Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR CARL HAYES PHONE: Business Home 876-1494

ADDRESS #4695 WILKESBORO HWY STATESVILLE, NC 28677

LOCATION NC 115 N, IT DRIVEWAY DIRECTLY ACROSS FROM SR 1856 (HUNTWOOD ROAD)

SUBDIVISION BLOCK / SECTION LOT LOT AREA AMPLE SITE CLASS. PS DESIGN FLOW L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet 240 Linear Feet 80

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 24"

☐ 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

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

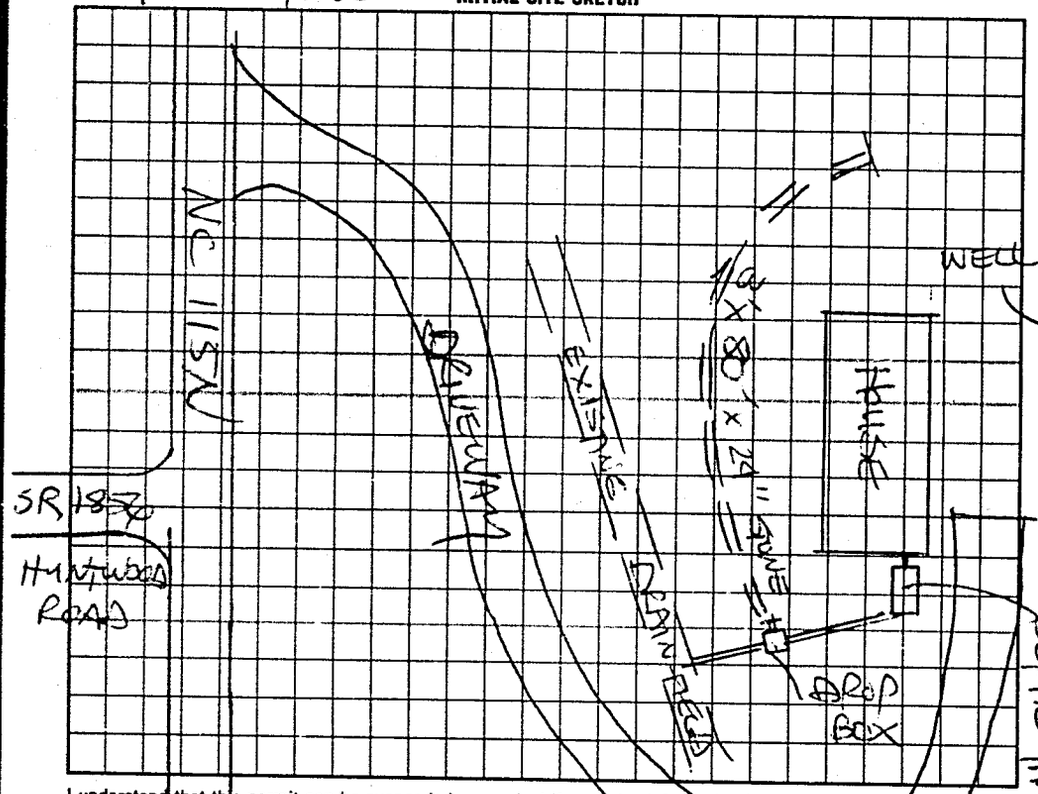
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

Comments: (1) CHECK SEPTIC TANK FOR INTEGRITY REPLACE SANITARY TEE IF NECESSARY (2) INSTALL NEW DROP BOX AT LOCATION SHOWN (3) INSTALL NEW 3'x 80' LINE ON CONTOUR USING 24" STONE

Comments: (1) TANK PUMPED 12/13/94 (2) NEW SANITARY TEE INSTALLED IN TANK

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITAL SITE 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: + Carl E. Hayes

Improvement Permit by: STEVE HEDRICK date 12/12/94

Existing System Inspection by: date

Installed by: JAMES HUBLER

Certificate of Completion by: STEVE HEDRICK date 12/13/94

Operation Permit by: date

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

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