44823

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. 14019 DATE 12/2/93 TAX MAP NO. 15J-A-29A Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR LOIS R. SENFT PHONE: Business _____ Home _____

ADDRESS _____

LOCATION NC 115 N, TR NC 901 E, ON (R) ~ 1500'

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 23 ACRES SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.35 ~~0.47~~

Septic Tank: 1500 Gallons; STB 1011 Date 8/18/93
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1380 Linear Feet 460
No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" 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 4
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees ____
☐ Other _____

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

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH

NC 901

AS BUILT SKETCH

1x150' 1x150' 1x160'

D. BOX

SEPTIC TANK

HOUSE

DRIVEWAY

WELL

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 2/4/92

Existing System Inspection by: _____ date _____

Installed by: JAMES HUDLER

Certificate of Completion by: STEVE HEDRICK/MIKE DENNIS date 12/2/93

Operation Permit by: _____ date _____

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