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. 20326 DATE 2/16/95 TAX MAP NO. 15H-A-22 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR DIANA B. CUSTER PHONE: Business Home 585-2797

ADDRESS 844 CHICK DR LONG ISLAND NC 28648

LOCATION NC 115 N, TR NC901, TL GRASSY KNOB, TL 26B, ~0.8 MILES ON RIGHT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 53.16 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 3 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: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

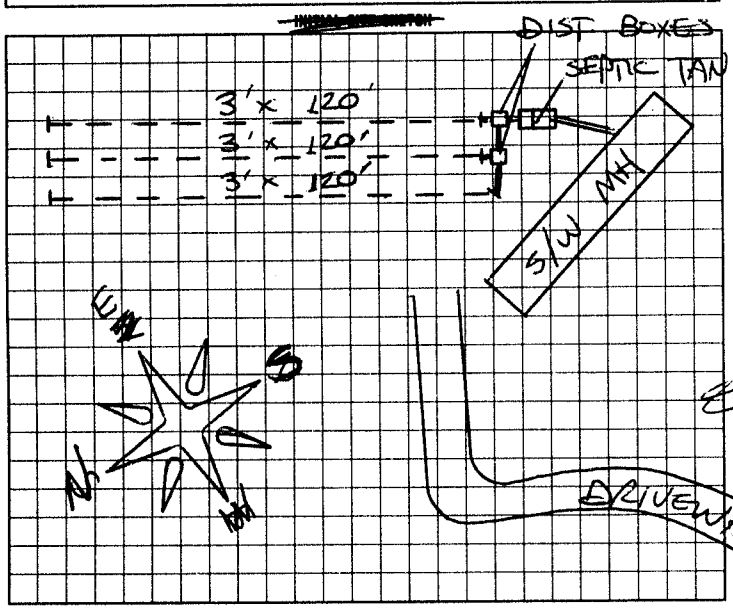
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

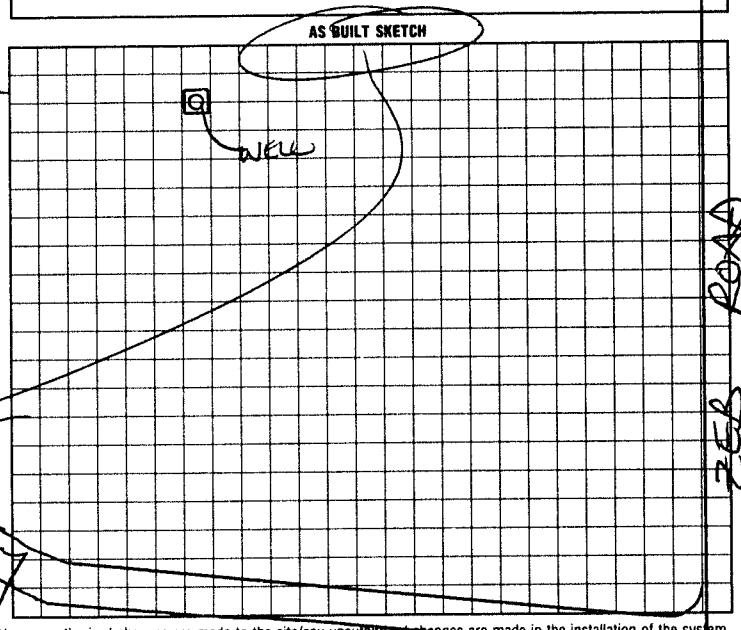
Comments:

Comments: KEEP MH MINIMUM 5' FROM SYSTEM

~~INITIAL DESCRIPTION~~



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: date

Existing System Inspection by: STEVE HEARICK date 2/16/95

Installed by:

Certificate of Completion by: date

Operation Permit by: date

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