46514

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. 15885 DATE 9/23/93 TAX MAP NO. 15A-1-A

OWNER OR CONTRACTOR C. DOUGLAS RALSTON PHONE: Business _____ Home _____

ADDRESS _____

LOCATION NC 115 N, TR FRIENDSHIP CH. RD, ON (L) JUST BEFORE BRUCE ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~20 ACRES SITE CLASS. PS L.T.A.R. 0.33 GPD/FT²

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1500 Gallons: STB 780 Date 8/10/93

Pump Tank: _____ Gallons: PT _____ Date _____

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

No Lines 3 Trench Width 36" Trench Depth 30" 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 3½ No. Employees _____

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

Garbage Disposal: ☐ Yes ☑ No

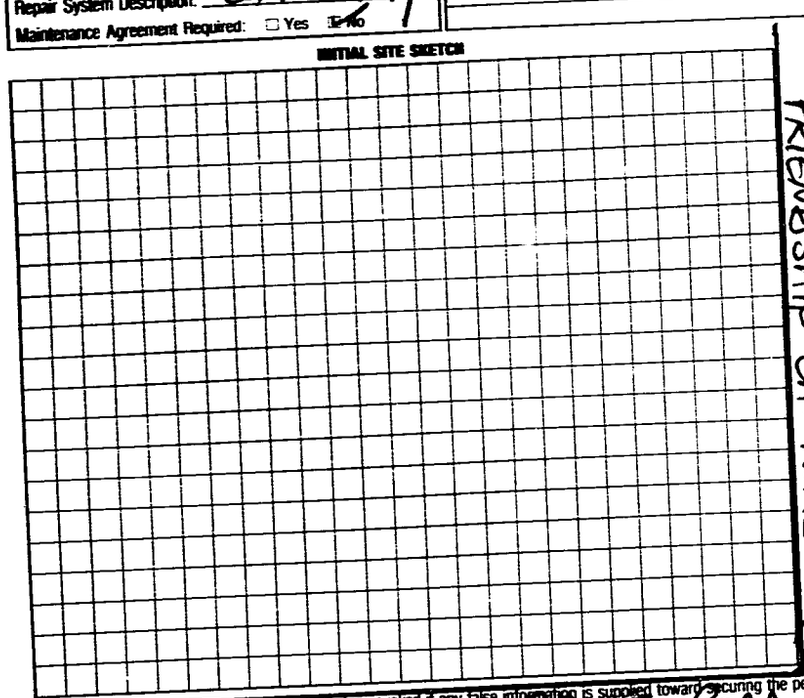
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

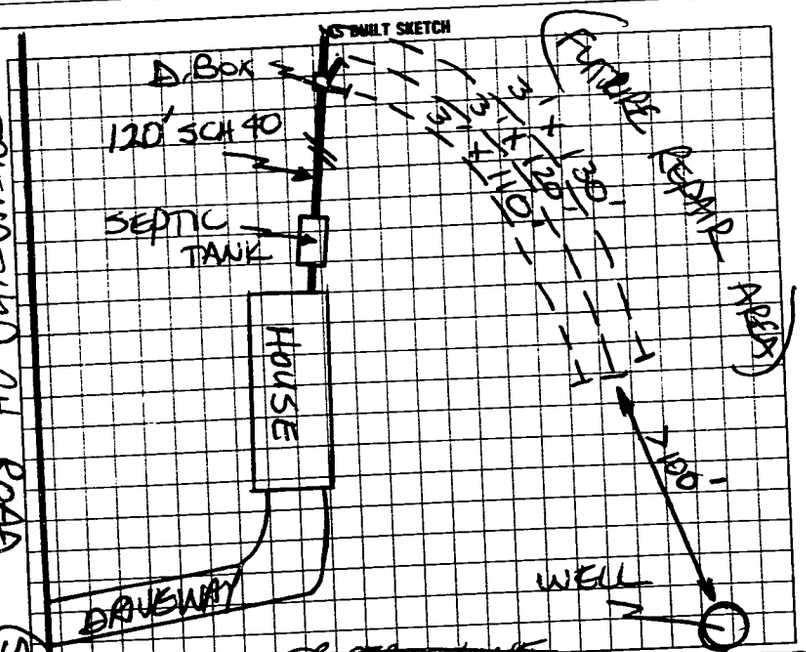
Other _____

Comments _____

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: _____

Improvement Permit by: STEVE HEDRICK date 9/23/93

Existing System Inspection by: _____ date _____

Installed by: J.C.'s BACKHOE SERVICE

Certificate of Completion by: STEVE HEDRICK date 9/23/93

Operation Permit by: _____ date _____

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