IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

49730

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17536 DATE 12/9/93 TAX MAP NO. 16D-A-25 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR ELIZABETH J. LARSON PHONE: Business _____ Home 592-2125

ADDRESS P O BOX 56 CLIN NC 28666

LOCATION US 21 N, TL JENNINGS, TL TRUMPET BRANCH, TL EUREPTIC SPRINGS TL CURRENT ON (R) 0.8 MI.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~1 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 782 Date 7/29/93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36 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 No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

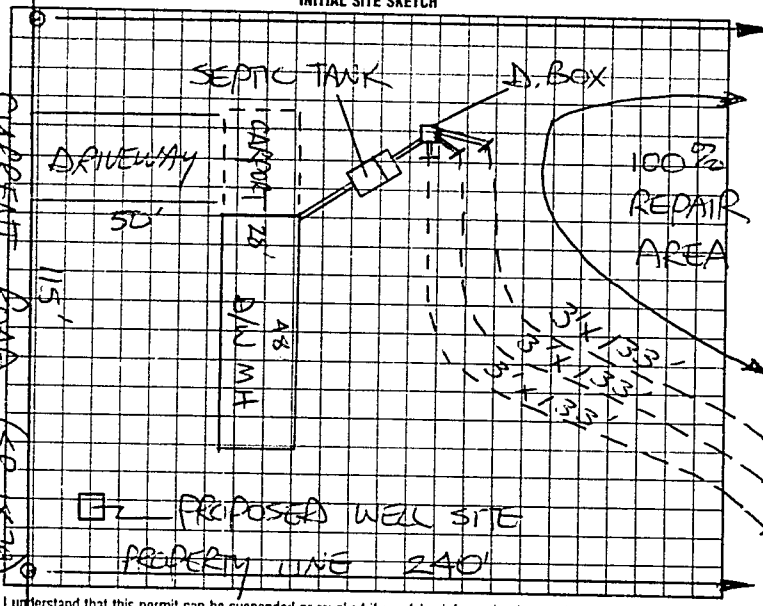
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

Comments: (1) KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 100' FROM WELL (2) INSTALL LINES ON CONTOUR NO DEEPER THAN 36", 9' APART ON CENTER

Comments: KEEP WELL MINIMUM 100' FROM SEPTIC SYSTEM.

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL 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: X [signature] DOC DIXON

Improvement Permit by: STEVE HERRICK date 12/9/93

Existing System Inspection by: _____ date _____

Installed by: JAMES HUNTER

Certificate of Completion by: STEVE HERRICK date 2/8/94

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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