IREDELL COUNTY HEALTH DEPARTMENT

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

51988

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

PROPERTY DESCRIPTION NO. 18610 DATE 6/9/94 TAX MAP NO. 16B-A-47 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR ANDY SLOAN PHONE: Business _____ Home 539-4064

ADDRESS RT. 1, Box 132-1 OUN, NC 28660

LOCATION US21 N, TL JENNINGS, TR OUN RD (NORTH), TL SLOAN MILL RD, CROSS BRIDGE, 1ST MH ON (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10 AC.± SITE CLASS. FS DESIGN FLOW 480 L.T.A.R. EXISTING 0.4

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 600 Linear Feet 200

No Lines 2 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: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

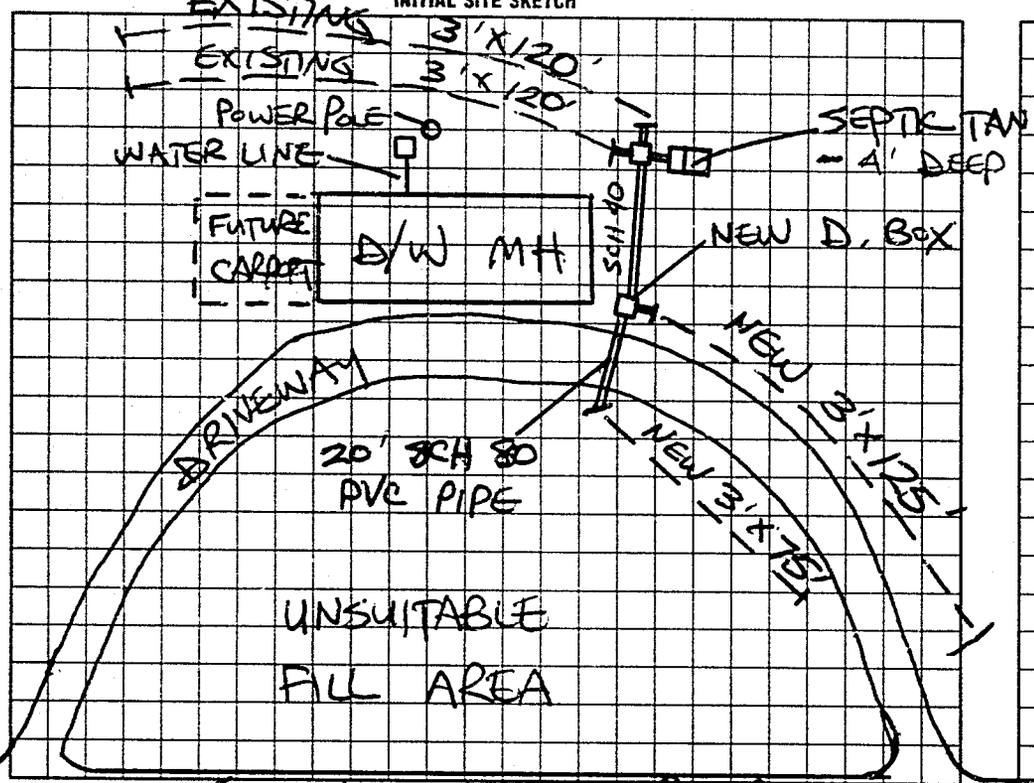
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☒ Public

Comments: (1) INSTALL NEW DIST. BOX AS SHOWN (2) USE SCH 80 UNDER AREA SUBJECT TO VEHICULAR TRAFFIC. (3) INSTALL NEW LINES AS SHOWN AS SHALLOW AS POSSIBLE

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED 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 Sandy Sloan

Improvement Permit by: STEVE HEDRICK date 6/9/94

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 7/20/94

Operation Permit by: _____ date _____

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