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. 26317 DATE 3-31-97 TAX MAP NO. 4862646978 Watershed: TT BOW/P No

OWNER OR CONTRACTOR ALMEDA HAYNES PHONE: Business 873-6334 Home 492-5347

ADDRESS 244 EAGLE MILLS ROAD, HAMPTONVILLE, NC 28020

LOCATION I-77 N, TR NC 901, TL EAGLE MILLS ROAD ON RIGHT AT BOX # 244

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.58 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.4 GAD/FT²

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 900 Linear Feet 300

No Lines 3 Trench Width _____ Max Trench Bottom Depth _____ 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

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

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

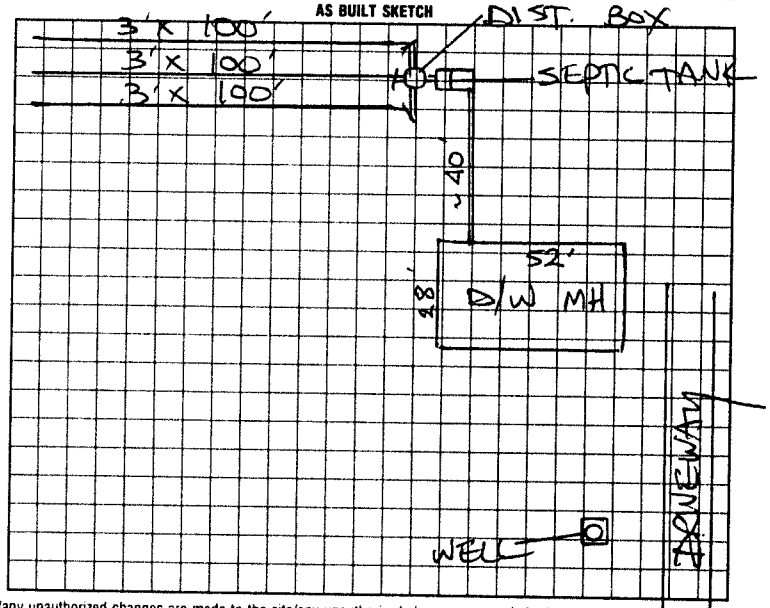
Water Supply: ☒ Individual ☐ Community ☐ Public WELL

Comments:

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: _____ date _____

Existing System Inspection by: STEVE HERRICK date 3/31/97

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