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. 15139 DATE 8-11-95 TAX MAP NO. 6K-A-44 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR KEN BRIDGES PHONE: Business _____ Home 539-5275

ADDRESS RT. 1 BOX 83 UNION GROVE NC 28689

LOCATION I-77N, TL NC901, TR MILLS ROAD, 2ND DRIVE ON (R) PAST ZION LIBERTY, BACK OFF ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 34 ACRES SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 10.4 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 6-7-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

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 2 No. Bathrooms 1 No. Employees ____

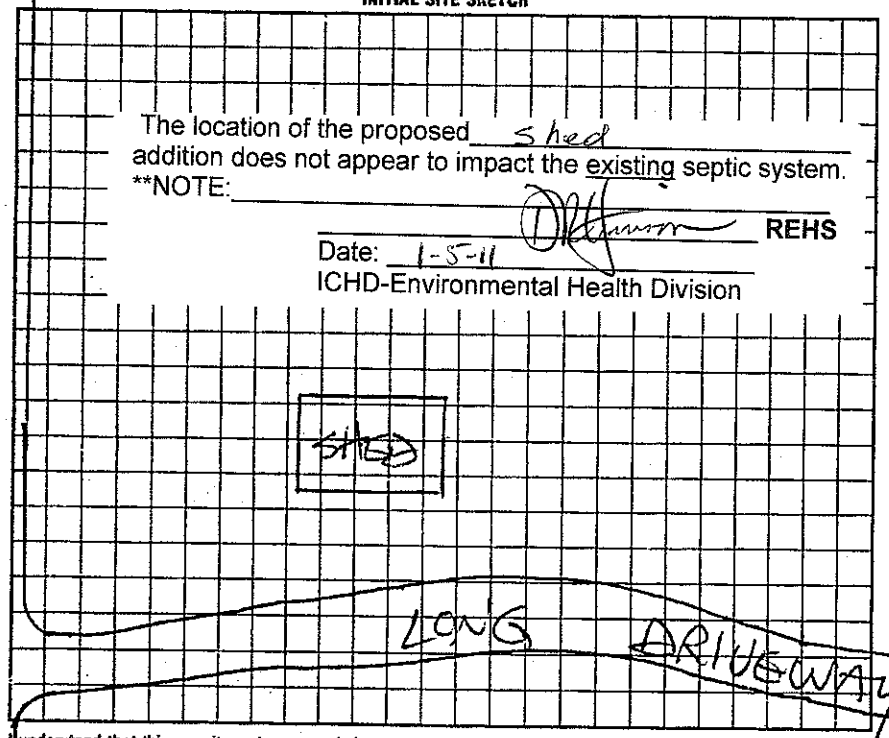
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

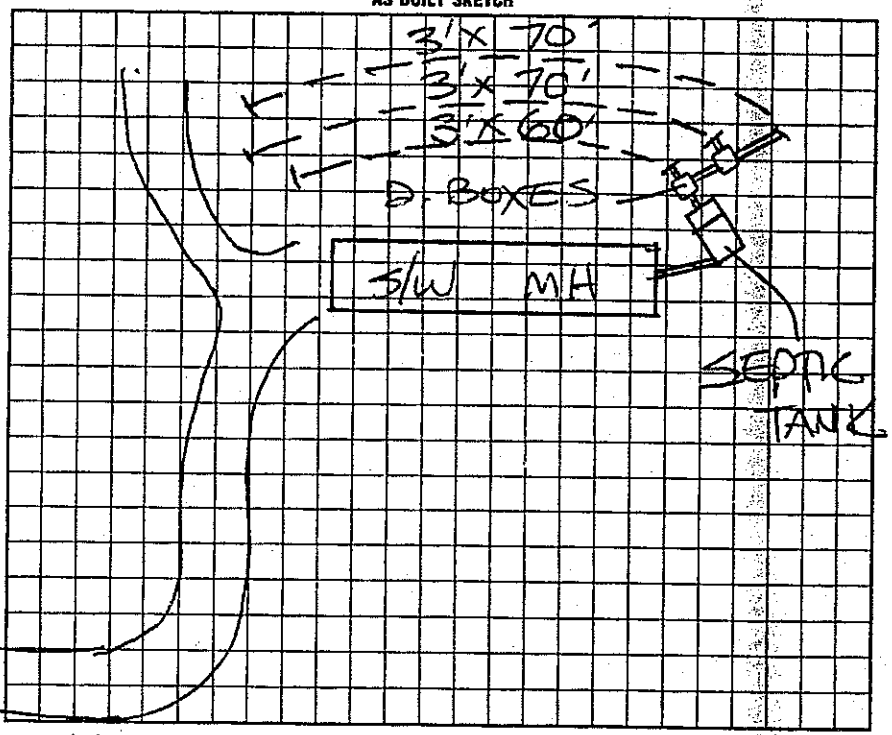
Comments:

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.

Signed: _____

Improvement Permit by: STEVE BROWN date 9-9-92

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 8-11-95

Operation Permit by: _____ date _____

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