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. 22042 DATE 9-7-95 TAX MAP NO. 16J-A-21 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR JERRY HAYES PHONE: Business ____ Home 872-0442

ADDRESS RT. 8, Box 293-A STATESVILLE NC 28677

LOCATION I-77 N, TR NC 90, TL EAGLE MILLS, TL TRIPLETT, TR CORNWALL, AT END ON LEFT

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 4 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 7-18-95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

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

☑ New System ☐ Repair System Type: I II III IV V VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12"

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

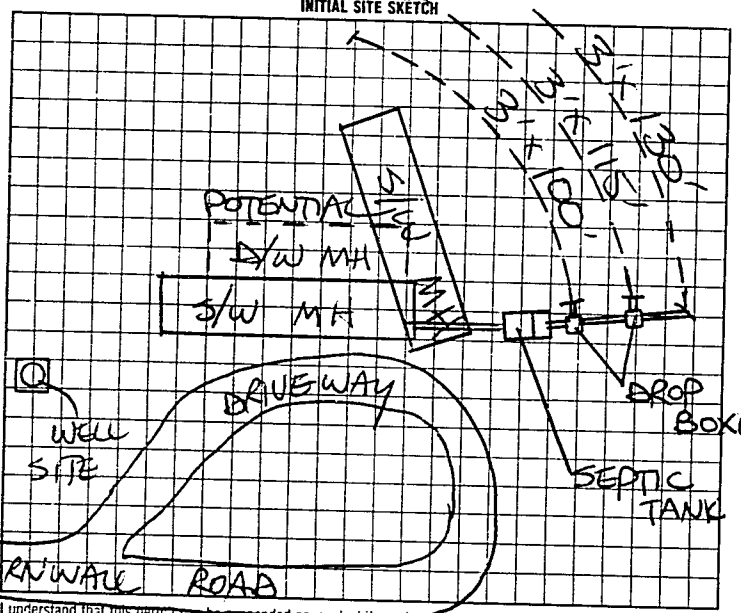
☐ Other ____

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: KEEP SYSTEM MINIMUM 100' FROM WELL

Comments:

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.

Signed: Jerry Hayes

Improvement Permit by STEVE HEDRICK date 9-7-95

Existing System Inspection by: ____ date ____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 9-21-95

Operation Permit by ____ date ____

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