# 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. _____ DATE 10/25/93 TAX MAP NO. 12H-A-3A PART

OWNER OR CONTRACTOR JIM BOWLIN PHONE: Business _____ Home _____

ADDRESS _____

LOCATION US 21 N, HOUSE ON (R) JUST PAST GALLIHER ROAD (SR1938)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA AMPLE SITE CLASS. PS L.T.A.R. EXISTING 0.4

Water Supply: ☐ Individual ☐ Community ☒ Public

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

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

No Lines 4 Trench Width 36" Trench Depth 18-36 Gravel Depth 12"

~~Failure 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 ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms _____ No. Employees _____

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

Garbage Disposal: ☐ Yes ☒ No

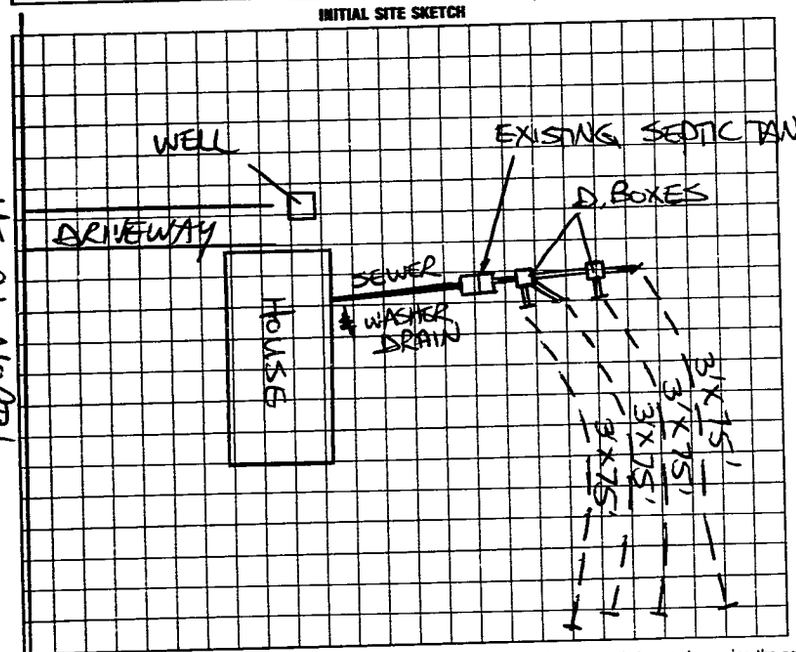
Auto. Dishwasher: ☒ Yes ☐ No

Auto. Washing Machine: ☒ Yes ☐ No

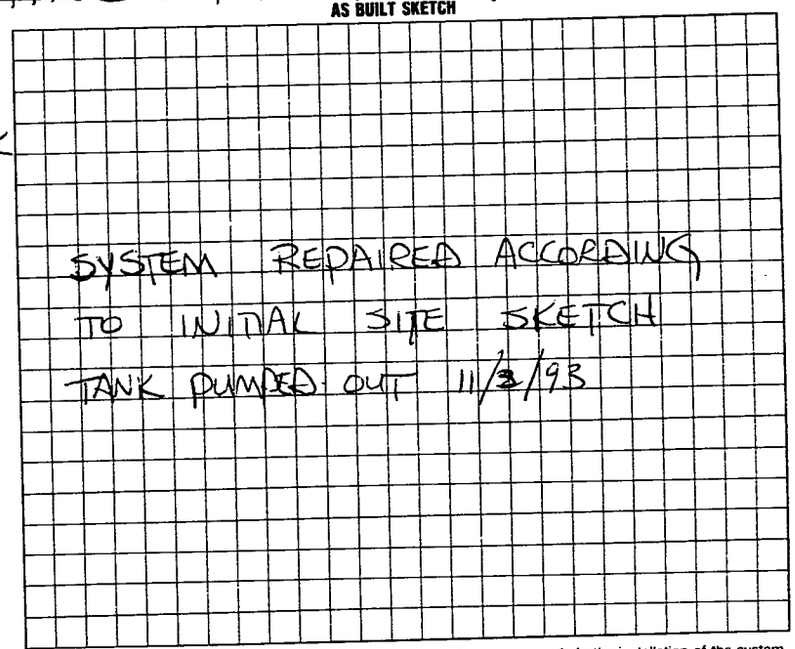
Other _____

Comments (1) INSPECT SEPTIC TANK FOR INTEGRITY, PUMP OUT & REPLACE SANITARY TEE IF NECESSARY (2) INSTALL NEW LINES ON CONTOUR NO DEEPER THAN 36" 9' APART ON CENTER (3) PLUMB WASHER DRAIN INTO SEPTIC TANK (4) COMPLETE REPAIR BY NOVEMBER 25, 93.

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: X Ella Mae Rutherford

Improvement Permit by: STEVE HEDRICK date 10/25/93

Existing System Inspection by: _____ date _____

Installed by: SAMMY REAVIS

Certificate of Completion by: STEVE HEDRICK date 11/3/93

Operation Permit by: _____ date _____

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