IREDELL COUNTY HEALTH DEPARTMENT

Repair

345

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

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

PROPERTY DESCRIPTION NO. ~~Steve K. Duncan~~ DATE 6-26-97 TAX MAP NO. Repair Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Steve K. Duncan PHONE: Business _____ Home 872-2865

ADDRESS 332 Lookout Rd. Statesville NC

LOCATION I-40 TR Sharon Sch TR Lookout Dun Rd House (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. 2 DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: Ex. Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet _____ Linear Feet 280

No Lines 2 Trench Width 36in Max Trench Bottom Depth 30A Gravel Depth 12in

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

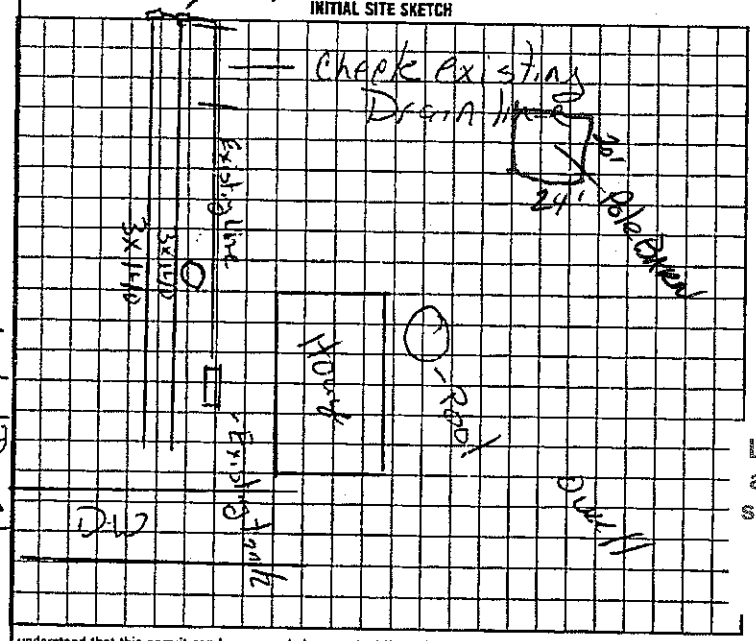
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

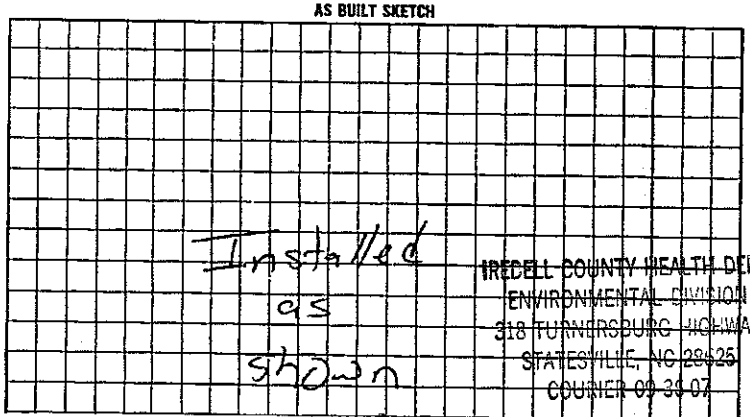
Comments: Keep Lines On Contour, 9ft on center
Check suntrity T Rplace if Needed
Drop Boxes

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



IREDELL COUNTY HEALTH DEPT.
ENVIRONMENTAL DIVISION
318 TURNERSBURG HIGHWAY
STATESVILLE, NC 28625
COURIER 09 30 07

Location of the proposed Pole Barn addition does not appear to impact the existing on-site septic system.**NOTE: _____

_____ REHS

Date: 7-18-11

ICHD-Environmental Health Division

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: Steve K Duncan

Improvement Permit by: Mark C. Oates date 6-26-97

~~Existing System Inspection by:~~ Mother, 24 two Fi Const. Mark C Oates date 6-26-97

Installed by: Berry Sigmon

Certificate of Completion by: _____ date _____

Operation Permit by: Mark C. Oates date 7-25-97

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