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. 16840 DATE 8-31-93 TAX MAP NO. 86-A-97

OWNER OR CONTRACTOR Michael C. Ottone PHONE: Business _____ Home 871-9529

ADDRESS Rt. 6 Box 422C Statesville, N.C. 28677

LOCATION I40W TR Sharon School Rd. TL Lookout Dam Rd. TL 1st dirt rd past Bethel Church. Lot at end on L.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA 1.48 SITE CLASS. P.S. L.T.A.R. .135 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Share well with neighbors.

Septic Tank: 1000 Gallons; STB 1012 Date 6-26-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No/Fields 1 Square Feet 690 Linear Feet 230'

No Lines X4 Trench Width 36" Trench Depth 18"-24" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees —

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

Garbage Disposal: ☐ Yes ☑ No

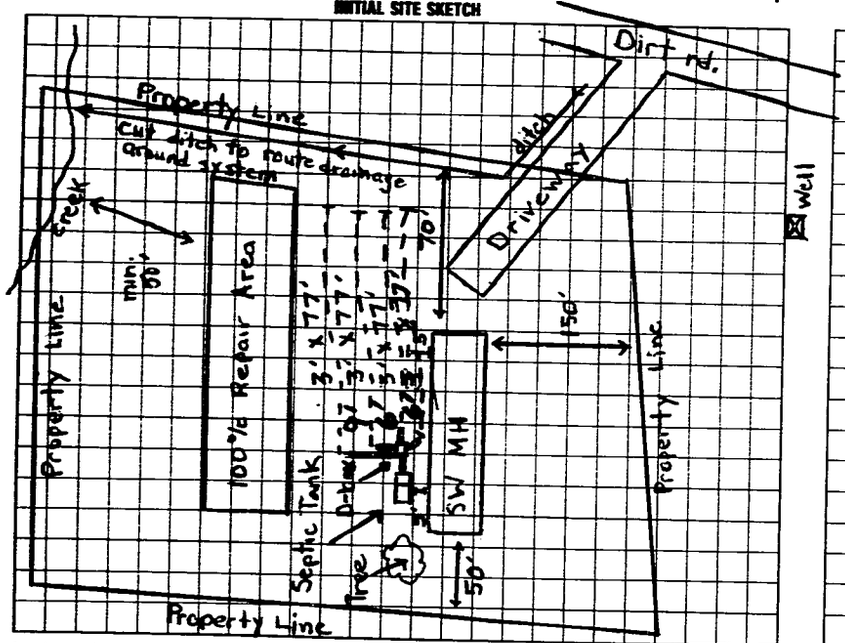
Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

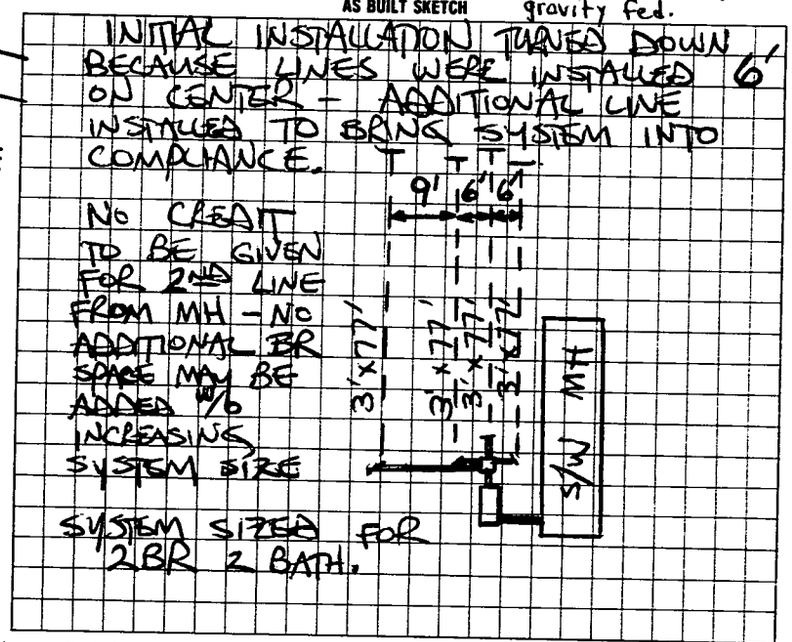
Other _____

Comments INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom). Keep Nitrification lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. Cut drainage ditch, etc that water is routed around septic system. 100% Repair Area below system, conventional, gravity fed.

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 Michael Ottone

Improvement Permit by: Michael Q. Dennis date 8-31-93

Existing System Inspection by: _____ date _____

Installed by: ESKER ELDER

Certificate of Completion by: STEVE HEADICK date 9/4/93

Operation Permit by: _____ date _____

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