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. Repair DATE 11-5-93 TAX MAP NO. Repair Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Dale Massey PHONE: Business _____ Home 872-6291

ADDRESS Rt. 6 Box 520 Statesville N.C. 28677

LOCATION I40W TR Sharon school Rd. lot on L after Island Ford Rd. Intersection, 2nd house on L

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: Existing Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 2 Square Feet 600 Linear Feet 200'

No Lines 2 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: conventional, gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees —

☐ Other _____

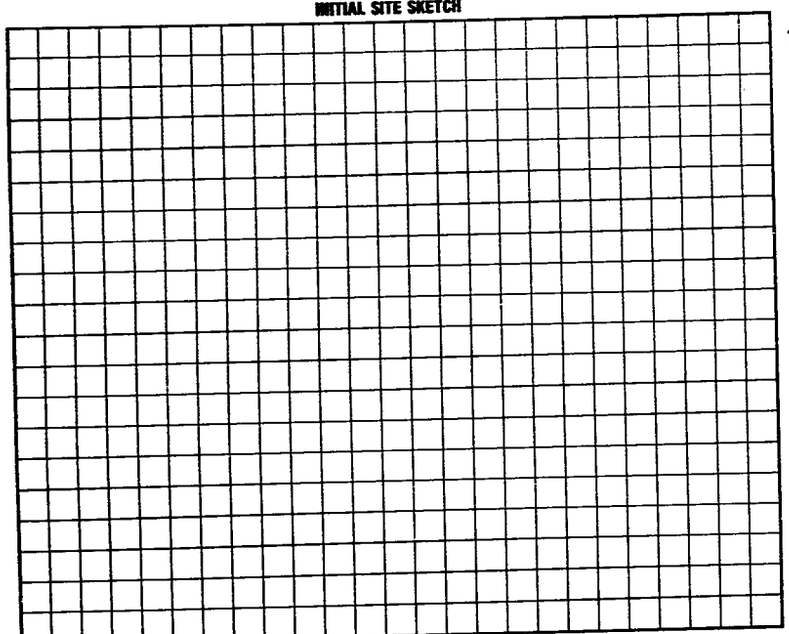
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

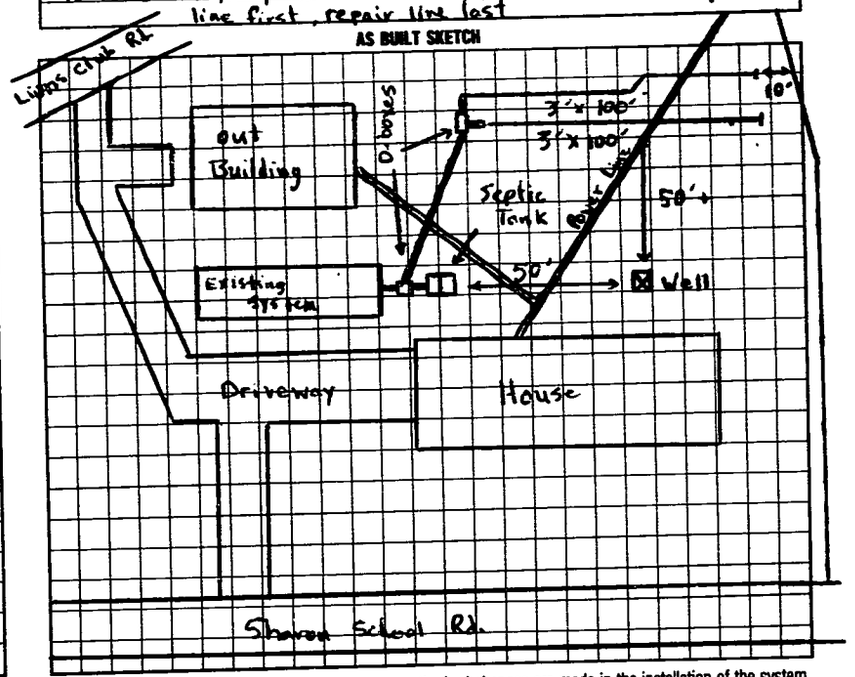
Comments:

Comments: System turned down on 11-4-93, too much fall on second line. Rerouted 2nd line to take out fall. Trench open to some rain, may affect life of system. Fed existing drain line first, repair line last

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: _____

Improvement Permit by: Michael J. Dennis date 5-19-93

Existing System Inspection by: _____ date _____

Installed by: Tommy Cotteren

Certificate of Completion by: Michael J. Dennis date 11-5-93

Operation Permit by: _____ date _____

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

3