# 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. 20071 DATE 1-26-95 TAX MAP NO. Pt. of 8P-A-126 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Dewey Lester PHONE: Business _____ Home 838-1873

ADDRESS 890 Sharon School Rd. Statesville, N.C. 28677

LOCATION I-40 W TR Sharon School Rd TR Island Ford Rd. TR First Driveway Past school. Home off rd on hill. (Tower MH)

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA Ample SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .33 gpd/ft2

Septic Tank: 1000 Gallons; STB 1012 Date 11-7-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: conventional, gravity fed

Repair System Description: "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

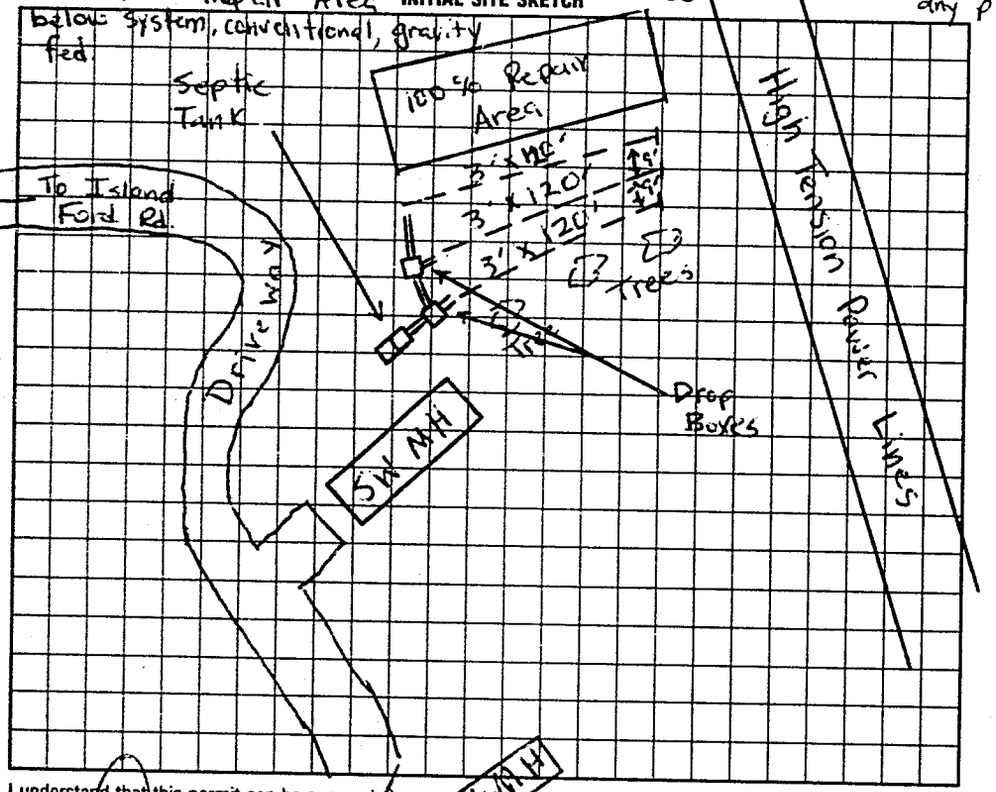
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Install lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, 50' from pond, out from underneath power lines, and 100' from any well. 100% Repair Area below system, conventional, gravity fed.

Comments: Home and well both located at time of inspection. Both are required distances from septic system. Keep water line 10' from any part of septic system.

### INITIAL SITE SKETCH




### AS BUILT SKETCH

SAME AS INITIAL 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: _____ Date _____

Improvement Permit by: Michael J. Dennis date 1-26-95

Existing System Inspection by: _____ date _____

Installed by: Tommy Cothren

Certificate of Completion by: Michael J. Dennis date 2-22-95

Operation Permit by: _____ date _____

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

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