IREDELL COUNTY HEALTH DEPARTMENT

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

50880

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

PROPERTY DESCRIPTION NO. 17724 DATE 3-14-94 TAX MAP NO. Pt. of 8R-A-7 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Linda Boggs / Barbara Brown PHONE: Business _____ Home 873-8449

ADDRESS 702 Baker St. Statesville, N.C. 28677

LOCATION I40W TR Sharon Sch. Rd. 1.8 miles on R approx 700' off Rd.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 6.22 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 3-24-94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Conventional, gravity fed
Repair System Description: conventional, gravity fed
Maintenance Agreement Required: ☐ Yes ☑ No

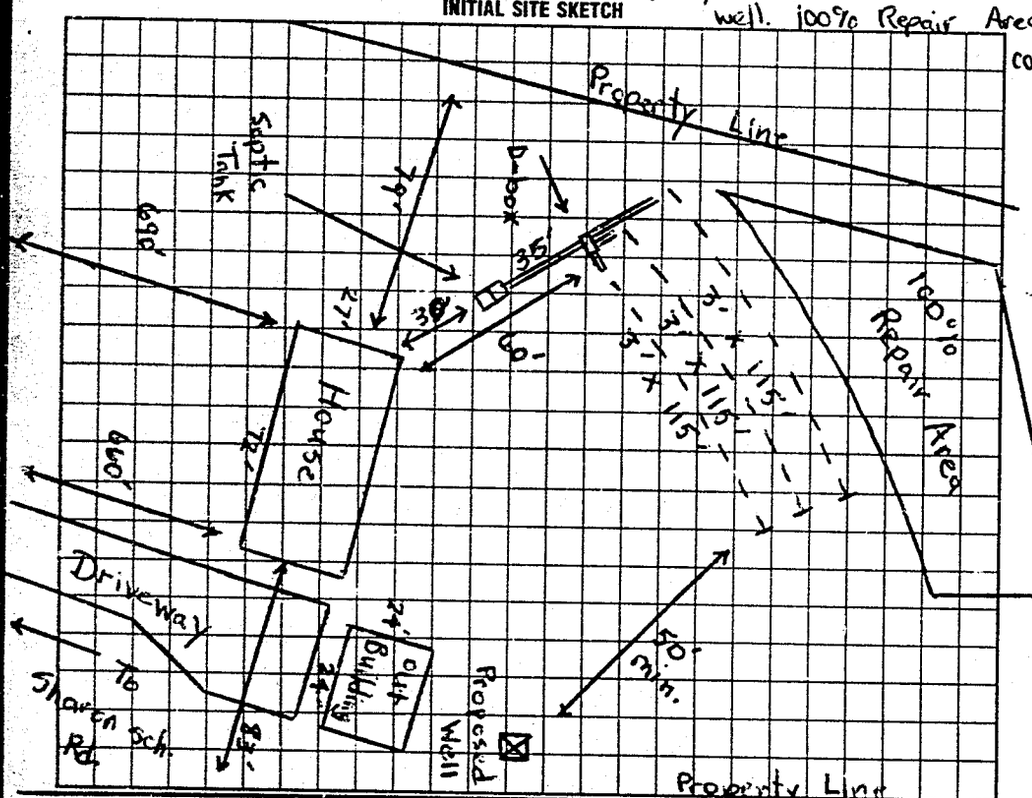
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: This Permit void permit issued 2-8-94. INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep Nitrification Lines and trenches on contour. Keep system 5' min. from foundation of home, 10' from all property lines, and 50' min from well. 100% Repair Area below system, conventional, gravity fed.

Comments: Home and Well located at time of inspection. Both greater than min. requirements. 100% Repair Area below system, conventional, gravity fed.

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: X Linda Ann Boggs

Improvement Permit by: Michael Q. Dennis date 3-14-94

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: Michael Q. Dennis date 4-25-94

Operation Permit by: _____ date _____

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