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. 26097 DATE 2-3-97 TAX MAP NO. 3785414129 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Robert L Boggs PHONE: Business _____ Home 873-3447 WS-IV PA

ADDRESS 637 Mocksville Statesville NC

LOCATION I-40 TR Sharon School Rd TR County line TR Belch Rd Property on Right 0.3 mile)

SUBDIVISION _____ BLOCK / SECTION _____ LOT 5 LOT AREA 2 Ac. SITE CLASS. PS/S DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 512 Date 6-11-96

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 1100

No Lines 4 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

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

System Description: Gravity Conventional

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees ____

☐ Other _____

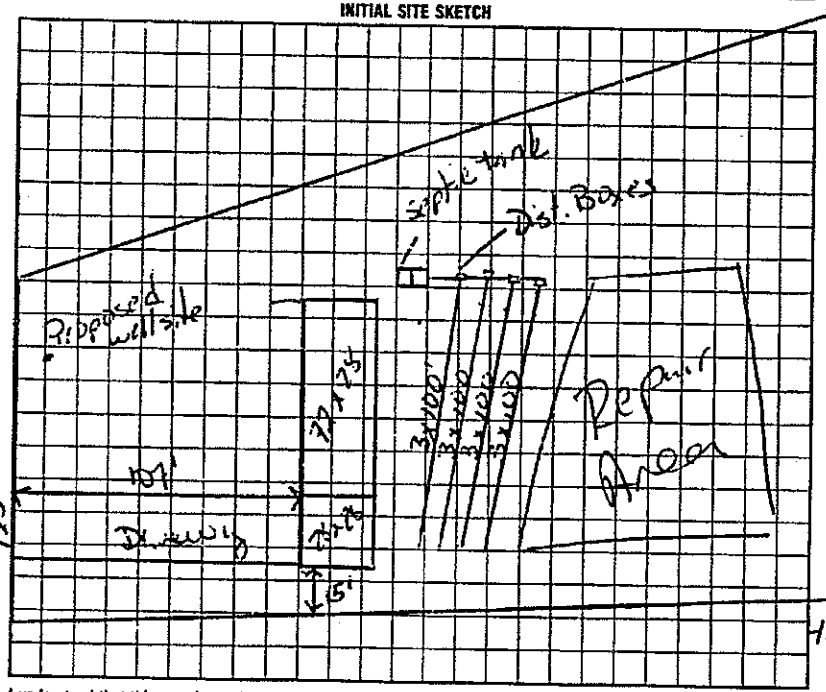
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

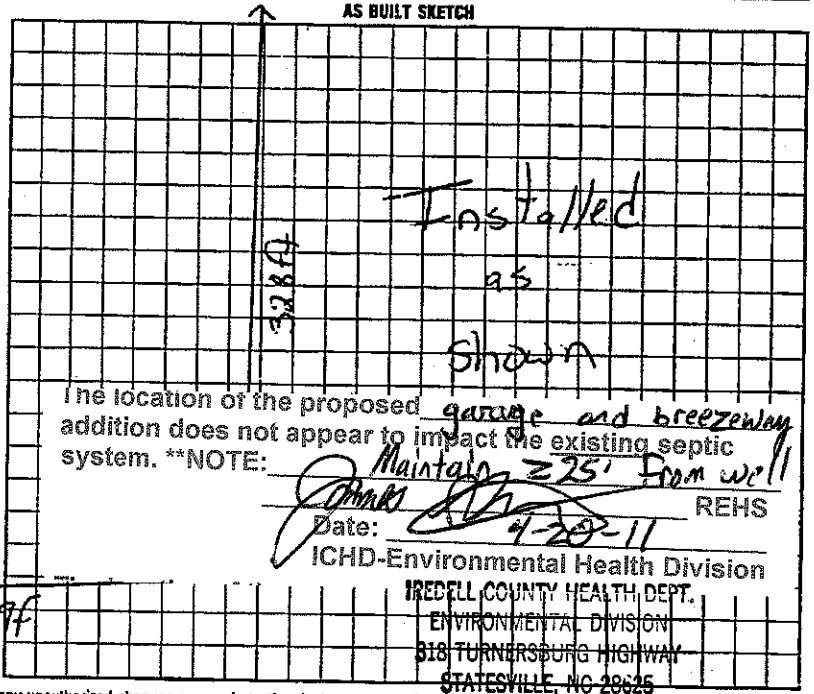
Comments: Keep lines on Contour 9ft on center
Keep well 100Ft from system.

Comments: Well 70 Ft.

INITIAL SITE SKETCH



AS BUILT SKETCH



The location of the proposed garage and breezeway addition does not appear to impact the existing septic system. **NOTE: Maintain 25' from well

REHS

Date: 4-20-11

ICHD-Environmental Health Division

IREDELL COUNTY HEALTH DEPT.
ENVIRONMENTAL DIVISION
318 TURNERSBURG HIGHWAY
STATESVILLE, NC 28625

COURIER 05-30-07

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. Author Extension to Construction Expires 5yrs from issue date

Signed: X Robert L Boggs

Improvement Permit by: Mark C. Ott RS date 2-3-97

Existing System Inspection by: Mark C. Ott RS date 2-3-97

Installed by: Tammy Cothren

Certificate of Completion by: _____ date _____

Operation Permit by: Mark C. Ott RS date 5-23-97

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

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