50360

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. 17794 DATE 2-17-94 TAX MAP NO. 8D-A-2 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Debra Epps PHONE: Business _____ Home 878-0810

ADDRESS Rt. 3 Box 412 Statesville, N.C. 28677

LOCATION I40W TL Sharon school Rd TR Hwy 70 Lot on R in corner of Hwy 70 and Clinker Brick Rd.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA .89 acre SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 358 Date 4-10-93
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No. Lines 1 Square Feet 690 Linear Feet 230'
No Lines 3 Trench Width 36" Max. Trench Bottom Depth 32" 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

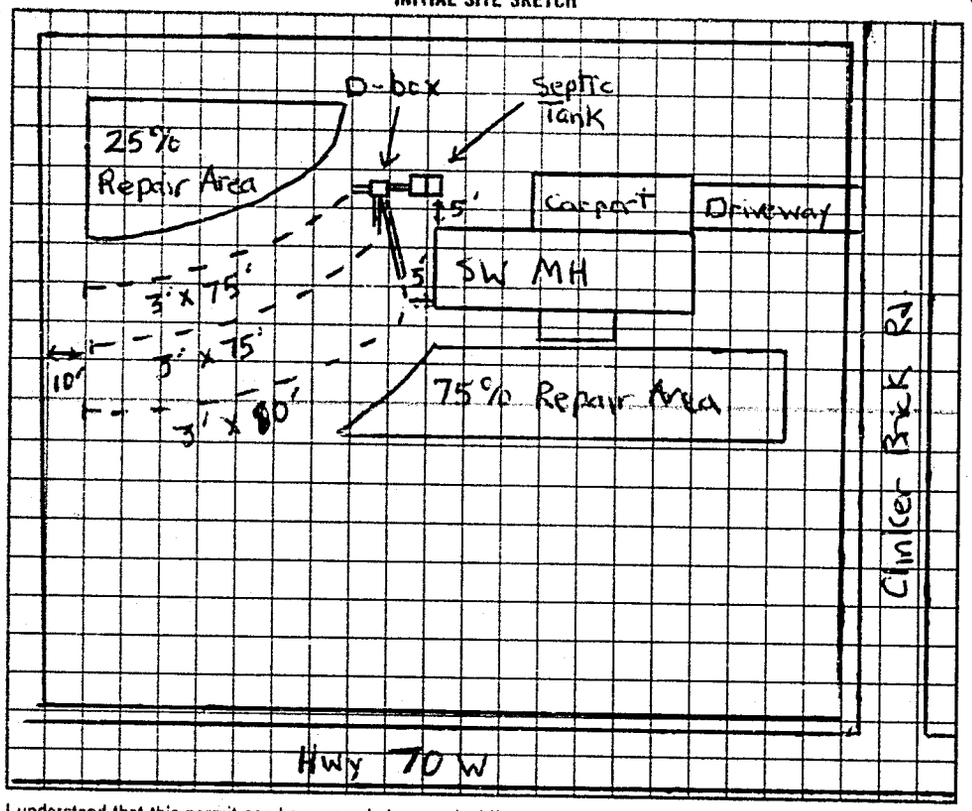
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

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

Water Supply: ☐ Individual ☐ Community ☑ Public

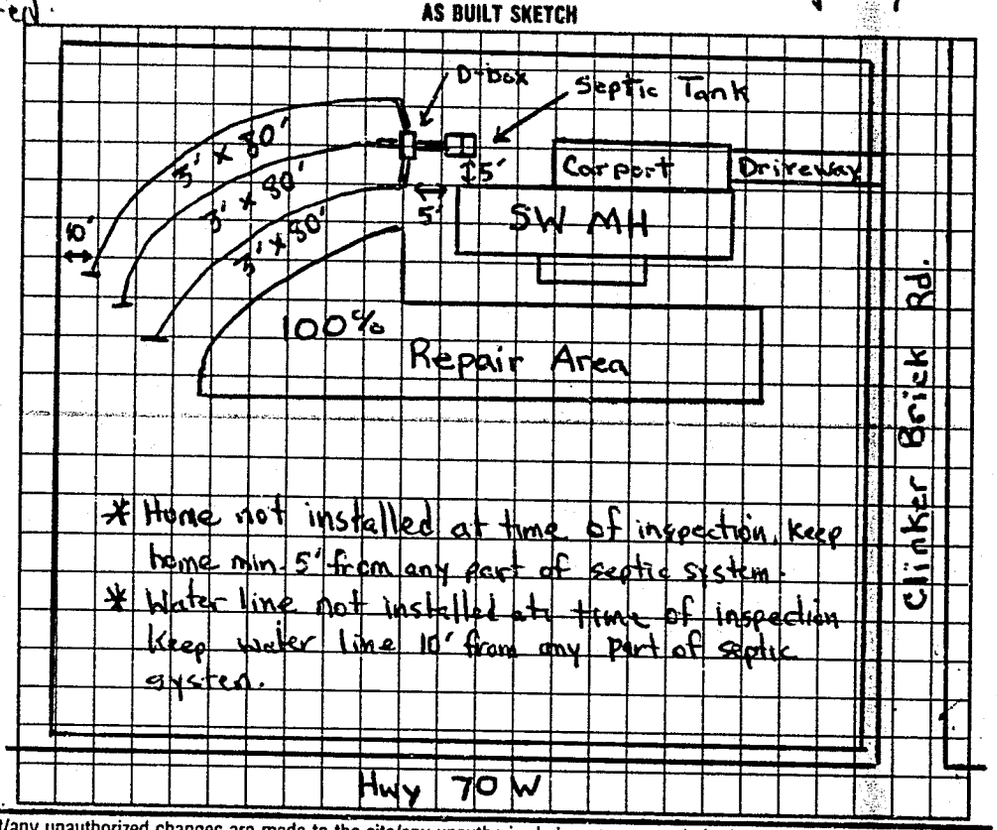
Comments: Install system no deeper than 32" to trench bottom. Keep trenches on contour. Keep system 10' from all property lines, 5' from foundation of home, and 10' from water line. 100% Repair above and below system, conventional, gravity fed.

INITIAL SITE SKETCH



Comments: System not installed the way it was permitted. System installed deeper than what was called for, soil was deeper than evaluation shows so system was O.K. 100% Repair Area below system, conventional gravity fed.

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: [signature]

Improvement Permit by: Michael J. Dennis date 2-17-94

Existing System Inspection by _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: Michael J. Dennis date 2-21-94

Operation Permit by _____ date _____

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

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