48250

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. 16695 DATE 7-22-93 TAX MAP NO. 86-3-A-15

OWNER OR CONTRACTOR Marty R. Fox PHONE: Business Home 872-3974

ADDRESS 806 Crestridge Dr. Statesville, N.C. 28677

LOCATION I40W T1 Sharon School Rd T1 Sharon Ridge Lane, 4th Lot on R.

SUBDIVISION Sharon Ridge BLOCK / SECTION LOT 15 LOT AREA 1.331 acre SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☐ Individual ☐ Community ☑ Public County Water

Septic Tank: 1000 Gallons: STB 1012 Date 5/11/93

Pump Tank: — Gallons: PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3 Trench Width 36" Trench Depth 18"-36" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 1 No. Employees —

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

Garbage Disposal: ☐ Yes ☑ No

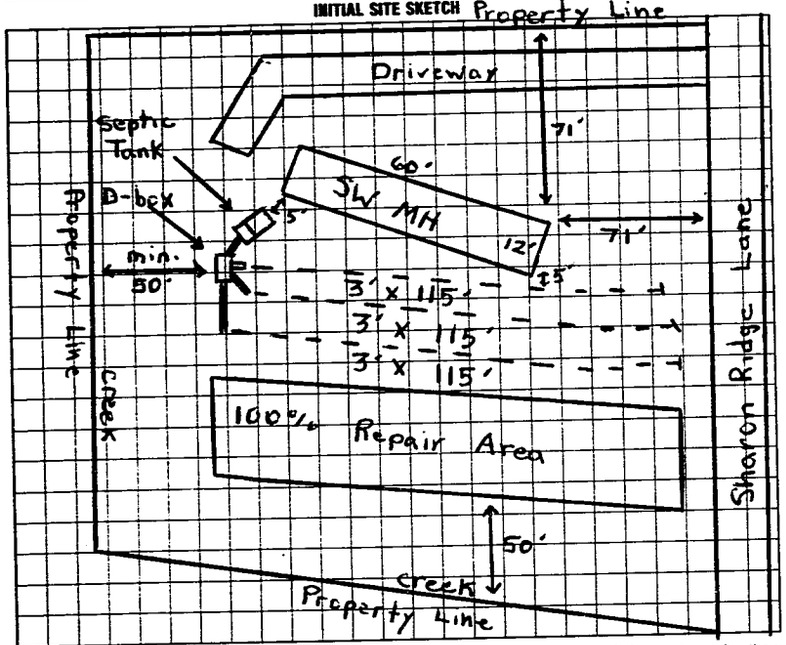
Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

Other

Comments Keep Nitrification Lines on contour, keep system 5' from foundation of home, 10' from all property lines, 50' from creek, and 10' from water line. 100% Repair Area below system, conventional, gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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 Marty R. Fox

Improvement Permit by: Michael J. Dennis date 7-22-93

Existing System Inspection by: date

Installed by: HARRY REEP / STEVE HEDRICK date 8/2/93

Certificate of Completion by: date

Operation Permit by: date

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