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. 22340 DATE 10-27-95 TAX MAP NO. 86-3-A-15 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR MARTY FOX PHONE: Business 873-1014 Home 838-0595

ADDRESS P.O. BOX 6872, STATESVILLE, NC 28677

LOCATION I-40 W TL SHARON SCHOOL RD, TL SHARON RIDGE, 5TH DWELLING ON RIGHT

SUBDIVISION SHARON RIDGE BLOCK / SECTION ____ LOT 15 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 gpd/ft²

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. 345

Nitrification Field: No Fields ____ Square Feet 1035 Linear Feet EXISTING

No Lines 3 Trench Width 36" Max Trench Bottom Depth ____

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAV.

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12"

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

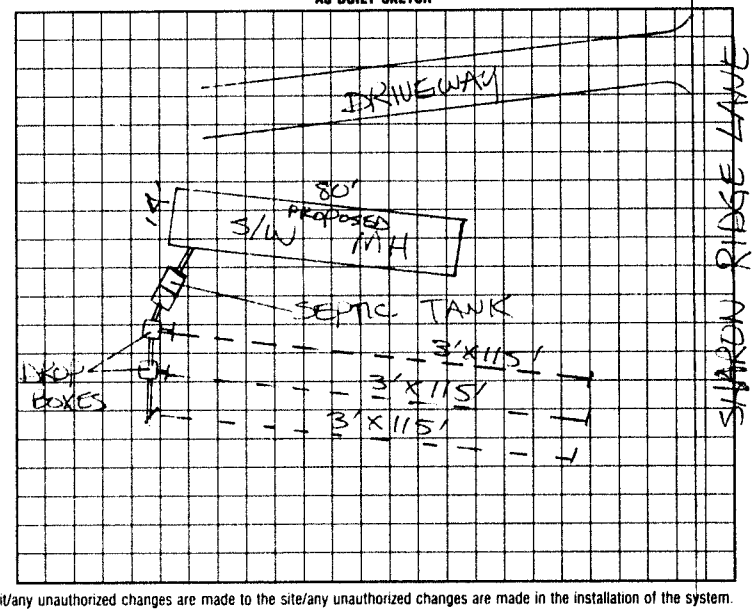
Water Supply: ☐ Individual ☐ Community ☒ Public

Comments:

Comments: KEEP MH MINIMUM 5' FROM SYSTEM

INITIAL SITE SKETCH

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: ____

Improvement Permit by: ____ date ____

Existing System Inspection by: STEVE HEDRICK date 10-27-95

Installed by: ____

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