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. 17435 DATE 11-15-93 TAX MAP NO 8G-A-74A Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Eddie Compton PHONE: Business _____ Home 585-2705

ADDRESS Rt. 6 Box 354, statesville, N.C. 28677

LOCATION I40W TL Old Mtn. Rd. TR Beulah Rd stay Straight Mock Mill Rd. 1st house on R past Goble Rd.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 6.98 acre SITE CLASS Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: Existing (1000 Gallons; STB — Date —
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields Square Feet Linear Feet
No Lines Existing System Trench Width Max Trench Bottom Depth Gravel Depth

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

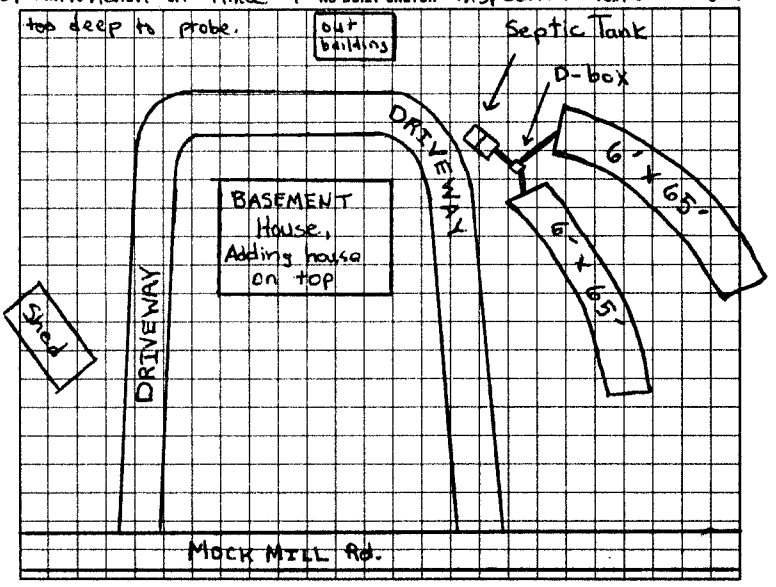
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: 3 Bedrooms total for house. Basement house adding floors above. Bedrooms in basement converted to retreation rooms. 3 bedrooms in floors above. Well could not be located on lot. System shows no visible signs of malfunction at time of inspection. Tank not located, top deep to probe.

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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Michael J. Dennis date 11-15-93 Operation Permit by: _____ date _____

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