8H-A-PT91 1.30 55754

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. 20189 DATE 2-14-95 TAX MAP NO. Pt. of 8H-A-91 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Ernest E. Sharpe, Jr. (Mark Frye) PHONE: Business _____ Home 873-6185

ADDRESS 341 C Deer Trail Acres Statesville, N.C. 28677

LOCATION I40 W TL Old Mtn. Rd. TR Hwy 70 TR Deer Trail Acres 2nd Drive on L

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.0 acre SITE CLASS. BS DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 1-24-95
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24"

☑ 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 No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees —
☐ Other —

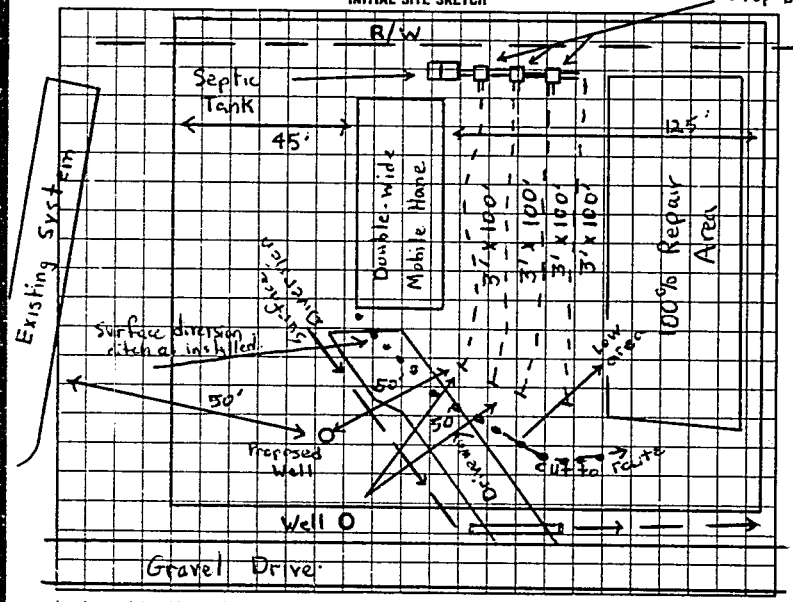
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom.) Keep lines and trenches on contour. Keep system min 5' from foundation of home, 10' from all property lines, out from R/W for power lines, and max. feasable distance from any well and no closer than 50'. Drop Boxes

Comments: Checked septic system on 7-6-95. Checked surface diversions on 9-25-95. Diversion very crude but effective. Keep Ditch cleaned out. House built instead of Dbl MH. Well not located at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

Create surface diversion above drive and also cut surface diversion around low area at end of the last line. 100% Repair Area below system conventional, gravity fed.

SAME AS INITIAL SKETCH

* ditch not cut above driveway but cut around system, shown by dotted line on initial 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 _____

Improvement Permit by: Michael J. Dennis date 2-14-95

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: Michael J. Dennis date 9-25-95

Operation Permit by: _____ date _____

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

3 1 7 1 0 0