5290

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 18751 DATE 8-31-94 TAX MAP NO. 8H-A-78 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Michael Scott Caskaddon PHONE: Business _____ Home 528-4025

ADDRESS Rt. 14 Box 264 Statesville, N.C. 28677

LOCATION I-40 W TL on Mtn. Rd TR Mock Mill Rd (Beulah Rd) TL Mott Park Rd. Lot on R at bottom of hill.

SUBDIVISION Mott Park BLOCK / SECTION — LOT — LOT AREA 100' x 319' SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .33 gal/ft²

Septic Tank: 1000 Gallons; STB 794 Date 7-25-94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" 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

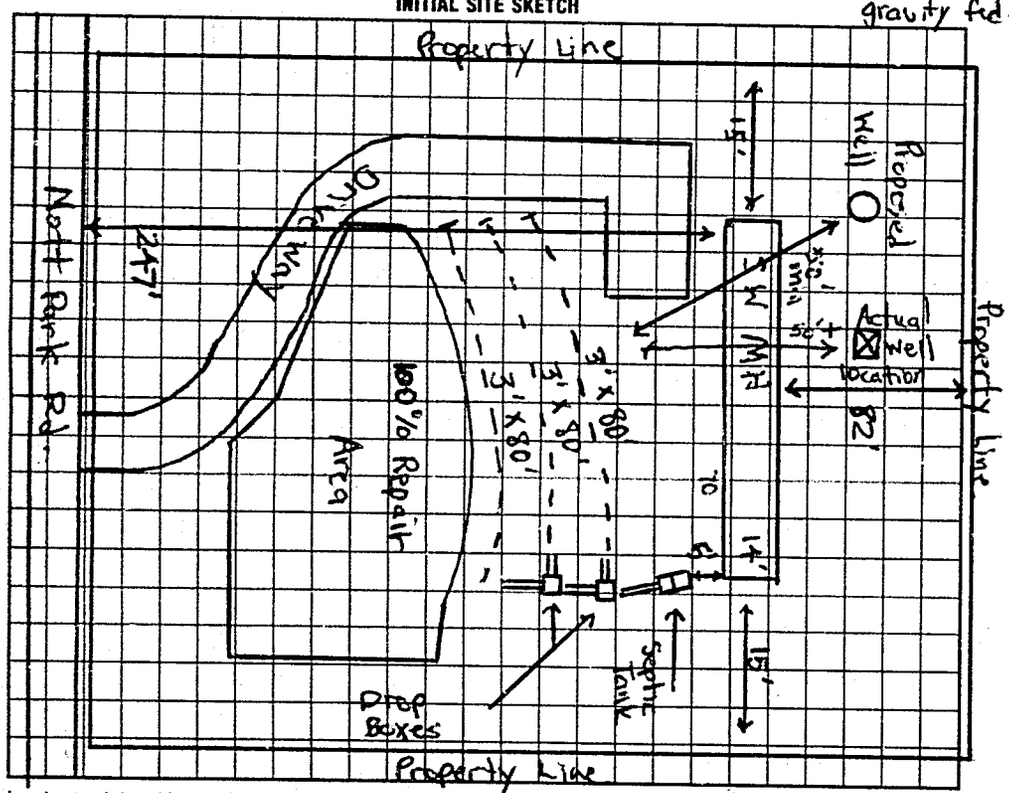
☑ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees —
☐ Other —
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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, and 50' min from any well. 100% Repair below system conventional, gravity fed.

Comments: Home and well both located at time of inspection. Both required distances from septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS 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 Michael Scott Caskaddon

Improvement Permit by: Michael J. Dennis date 8-31-94

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: Michael J. Dennis date 9-21-94

Operation Permit by: _____ date _____

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