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. 9635 DATE 10-27-94 TAX MAP NO. 8P - A - 16 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Patricia Baker (David Millsaps) PHONE: Business _____ Home 585-2122

ADDRESS Rt. 1 Box 142-N Stony Point, N.C. 28678

LOCATION I-40W TR Old Mtn. Rd TL Island Ford Rd TR Cotton Gin Rd TL Shady Fork Rd. 1st lot on L.

SUBDIVISION Shady Fork MHP BLOCK / SECTION NA LOT 9B LOT AREA NA SITE CLASS. Existing DESIGN FLOW 240 L.T.A.R. Existing

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

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Existing System
Repair System Description: Inspection
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

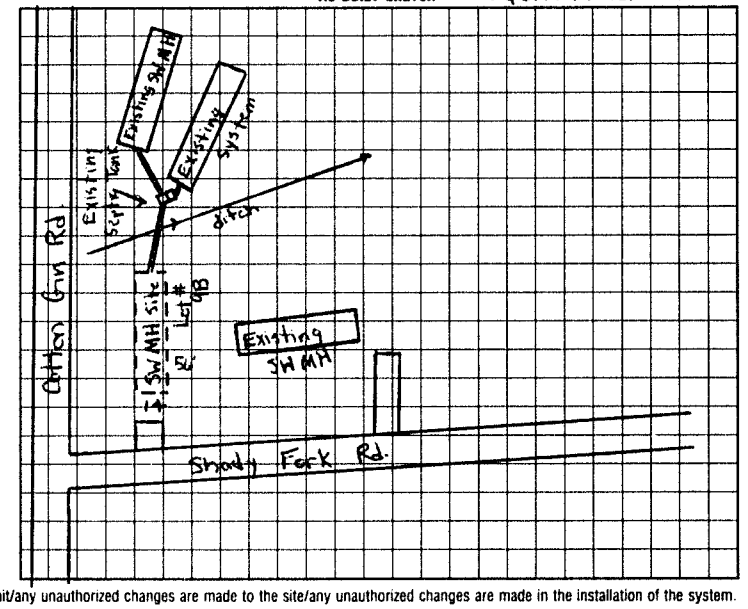
Water Supply:
☐ Individual
☑ Community
☐ Public

Comments:

Comments: Two SW MH's on one system. System shows no visible signs of malfunction but lines are slightly saturated. Keep Home min. 5' from any part of Septic system. Lot # 9B has been vacant for several years. If system begins to surface contact the Health Department for repair.

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 L. Dennis date 10-27-94 Operation Permit by: _____ date _____

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