53259

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. 19595 DATE 10-19-94 TAX MAP NO. 8V-A-31 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Larry Bullin (Fred Stewart) PHONE: Business _____ Home 873-5600

ADDRESS 1027 Wilmington Ave. Statesville, N.C. 28677

LOCATION I40W TR old Mtn. Rd. TL New Sterling Rd TR Linden Loop TR Bollick Rd TR 4TH Driveway Lot on home off Rd on R.

SUBDIVISION NA BLOCK / SECTION NA LOT NA LOT AREA 1.36 acres SITE CLASS Existing DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: System Inspection 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 ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 1 No. Employees ____

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

Water Supply: ☑ Individual ☐ Community ☐ Public

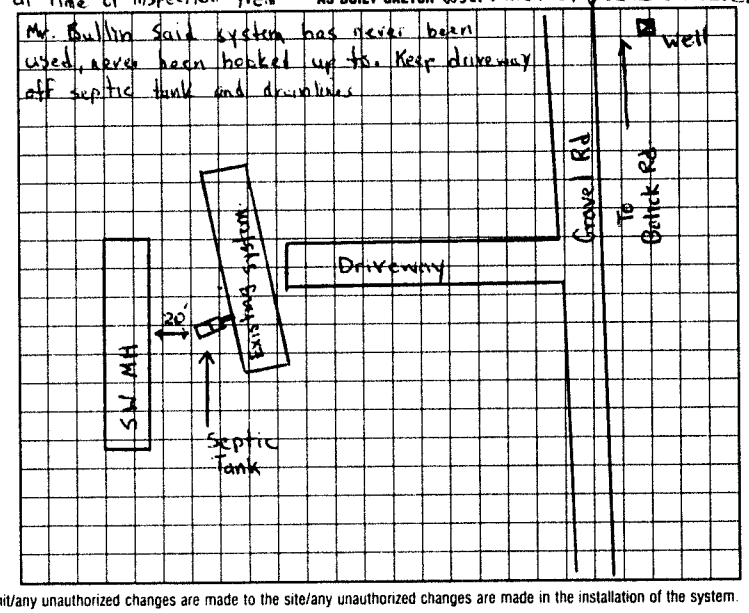
Comments:

Comments: Tank located, drain lines too deep to probe. Area shown on drawing appears to be the area where drainlines were installed, ground is soft and it is a low area. Home located at time of inspection. System shows no visible signs of malfunction at time of inspection from observation of ground surface.

INITIAL SITE SKETCH

AS BUILT SKETCH

Mr. Bullin said system has never been used, never been hooked up to. Keep driveway off septic tank and drainlines



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 G. Johnson date 10-19-94 Operation Permit by: _____ date _____

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