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. 21156 DATE 5-19-95 TAX MAP NO. 8V-A-10A Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Nancy J. Forsyth PHONE: Business _____ Home 585-2993

ADDRESS 234 Pressly Farm Rd. Stony Point, N.C. 28678

LOCATION I40W TR old Mtn. Rd TL Pressly Farm Rd. 3rd Mll on R. (1st SW Mll past 1st DW Mll on R)

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 3.85 acres SITE CLASS. Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model System Serial No. Inspection

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom 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

Gravel Depth _____

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

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☐ Other _____

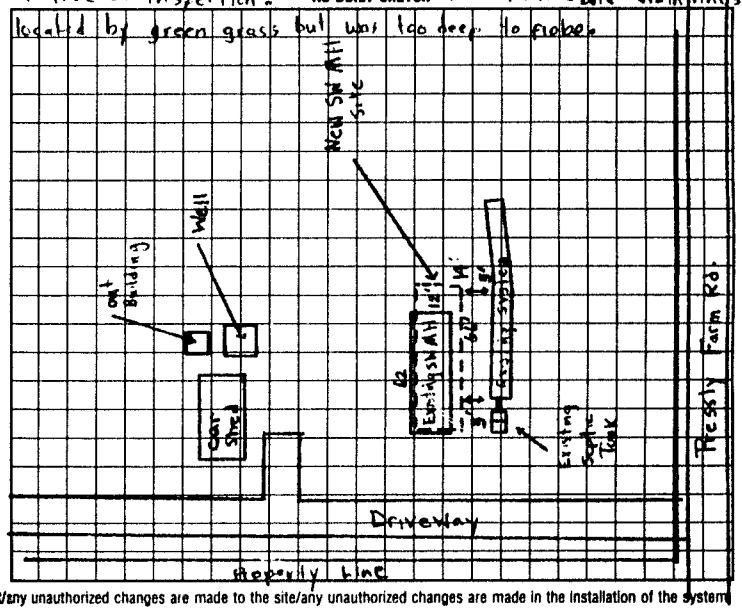
Water Supply:
☑ Individual
☐ Community
☐ Public

Comments:

Comments: Moving off 3 Bedroom SW Mll (12' x 62'), replacing with SW MH, 2 Bedroom (14' x 66'). Locate new home in same location as existing one. Keep home min. 5' from any part of septic system. System shows no visible signs on malfunction at time of inspection.

INITIAL SITE SKETCH

AS BUILT SKETCH tank located and drainlines located by green grass but was too deep to probe.



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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael O. Dennis date 5-19-95

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____