58714

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. 22858 DATE 12-14-95 TAX MAP NO. 8W-A-10 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Russell D. Bryan PHONE: Business _____ Home 871-5024

ADDRESS 1004 Foxcroft Lane #8, Statesville, N.C. 28677

LOCATION I-40W TR Old Mtn. Rd Lot on R = 400' off Rd. Driveway on R just before County Line Rd on L

SUBDIVISION NA BLOCK / SECTION – LOT – LOT AREA 137.24 acres SITE CLASS Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: Existing Model System Serial No. Inspection
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

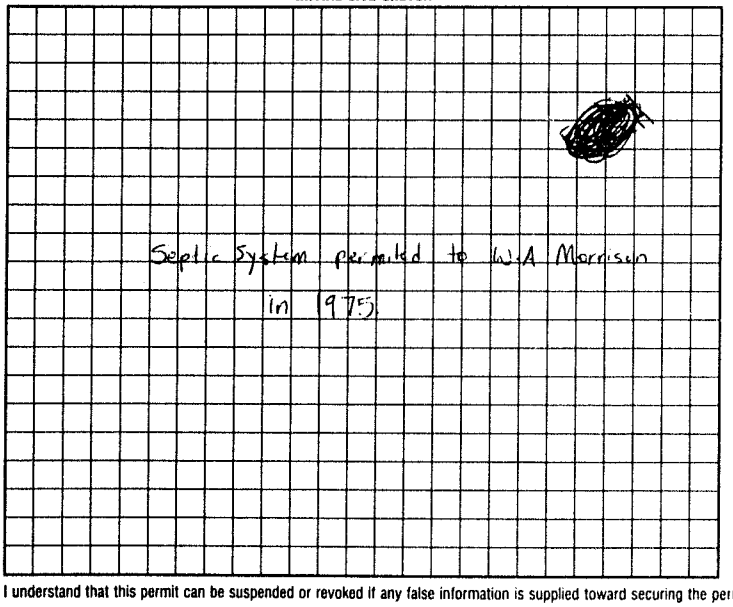
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

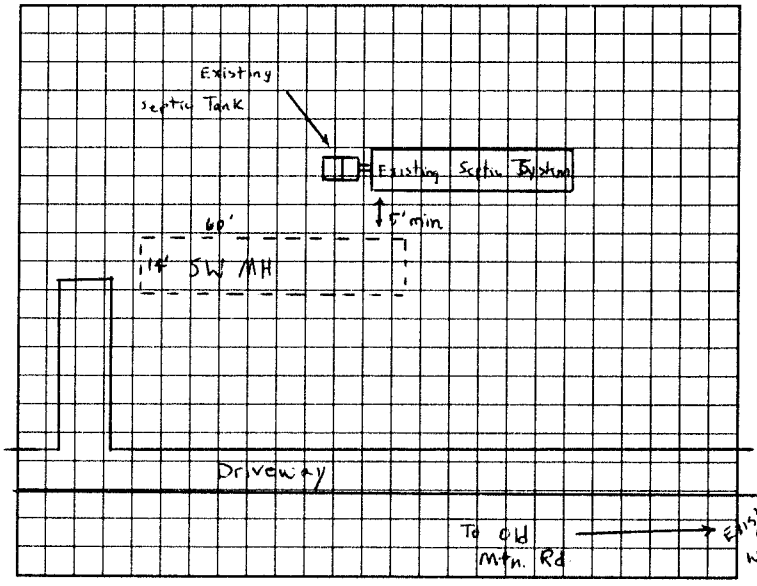
Comments:

Comments: Moving 3 Bedroom SW MH on to existing lot. Lot vacant for a period of time. Keep MH min. 5' from any part of septic system. System shows no visible signs of malfunction at time of inspection. Tank located, drain lines too deep to probe.

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.

Signed: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Michael J. Dennis date 12-14-95 Operation Permit by: _____ date _____

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