48773

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. 16398 DATE 9-21-93 TAX MAP NO. ~~8T-2-A-16~~ (maybe incorrect) 9J-1-A-37

OWNER OR CONTRACTOR Linda A. Lerch PHONE: Business _____ Home 872-8481

ADDRESS Rt. 15, Box 484, Statesville, N.C. 28677

LOCATION Hwy 90 W to 1st entrance Lackey Farm Rd. TR Cherry Blossom Rd. Lot 2 .75 miles on R.

SUBDIVISION Richmont Hills S/D BLOCK / SECTION _____ LOT 16 LOT AREA 2.8 acres. SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well to Be Located.

Septic Tank: 1000 Gallons; STB 1012 Date 8-9-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3 Trench Width 36" Trench Depth 18"-24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), II, IV, V, VI

System Description: conventional, gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees —

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

Garbage Disposal: ☑ Yes ☐ No

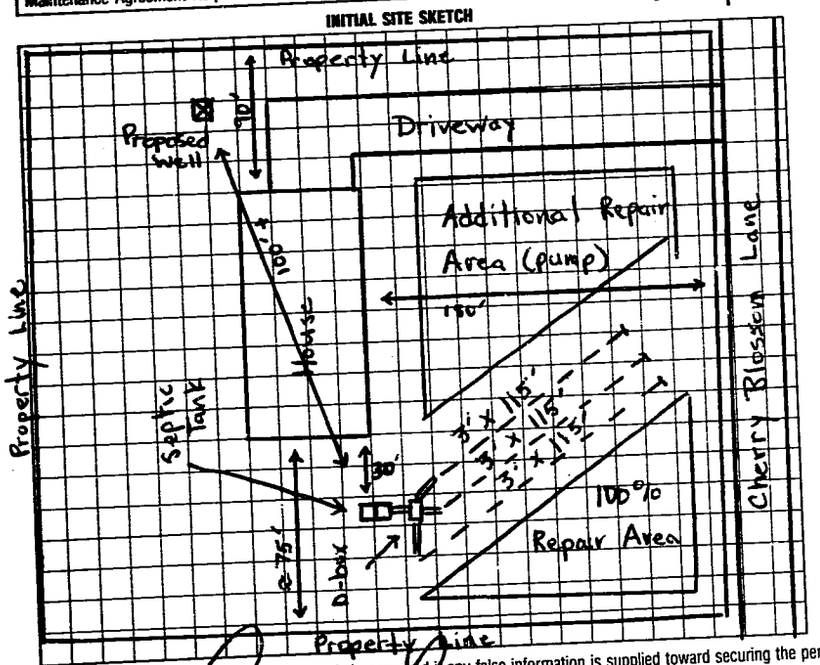
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments INSTALL SYSTEM SHALLOW, (no deeper than 24" to trench bottom) Keep Nitrification Lines on contour. Keep system min. 10' from foundation of home, min. 10' from all property lines, and min. 100' from well. 100% Repair Area below system conventional, gravity fed. Additional Repair Area above System, pump to conventional.

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: Linda A. Lerch

Improvement Permit by: Michael J. Dennis date 9-21-93

Existing System Inspection by: _____ date _____

Installed by: W. Boyd Adams Grading Contractor

Certificate of Completion by: Michael J. Dennis date 11-10-93

Operation Permit by: _____ date _____

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