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. 19665 DATE 11-4-94 TAX MAP NO. 9J-4-A-25 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR John Gregory (Community Living Concepts) PHONE: Business _____ Home 838-0016

ADDRESS 129 Old Plank Barn Rd. Statesville, N.C. 28677

LOCATION I-40W TR Hwy 90 Th 2nd entrance Lackey Farm Rd TR. Old Plank Barn Rd. Lot ~~ext~~ end on L

SUBDIVISION Green Valley BLOCK / SECTION _____ LOT 25 LOT AREA 1.41 acres SITE CLASS. Existing DESIGN FLOW 360 L.T.A.R. .4 gpd/ft²

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Pump 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 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. ~~Employees~~ 4 residents

☑ Other Group Home

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

Water Supply:
☐ Individual
☐ Community
☑ Public

Comments:

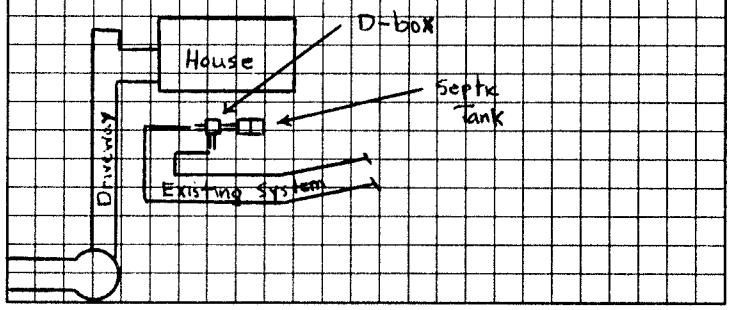
Comments: Home to be used for a Group home (4 residents) Residential Care facilities require 60 gal/person/day. Home (system) sized for: 3 Bedroom family dwelling which will accomidate 360 gpd. System shows no visible signs of malfunction at time of inspection

INITIAL SITE SKETCH

AS BUILT SKETCH

* 4 residents, 3 employees/per 3 shifts.

If system gives trouble, contact the Health Dept.



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 J. Dennis date 11-4-94

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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