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. 17514 DATE 12-1-93 TAX MAP NO. 9J-B-15 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Eugene Bradshaw PHONE: Business _____ Home 585-6629

ADDRESS Box 435 Stoney Point, N.C. 28678

LOCATION I40W IR Hwy 90 TL gravel rd just before Capt Bailey lot at end on R

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

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank: Existing Gallons: PT _____ Date _____

Pump Make: _____ Model System Serial 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: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other 2 two Bdrm. MH's on same system

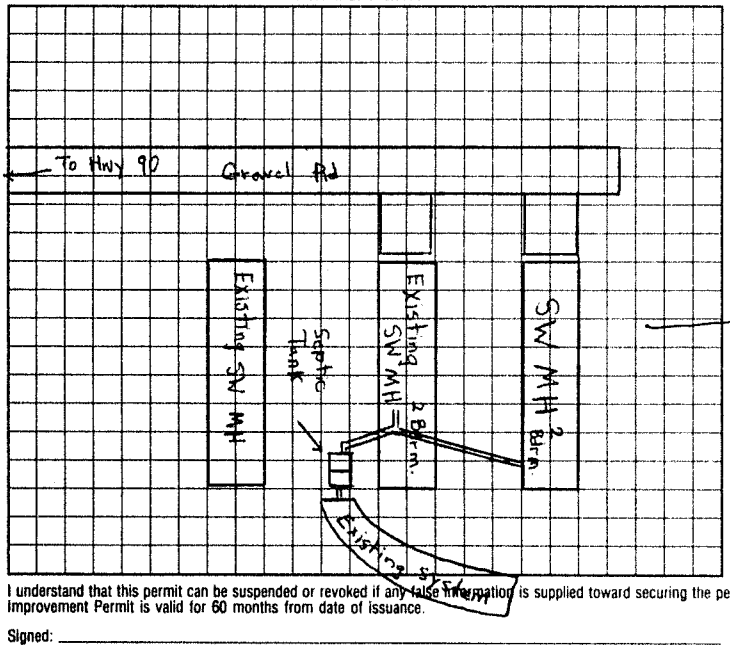
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

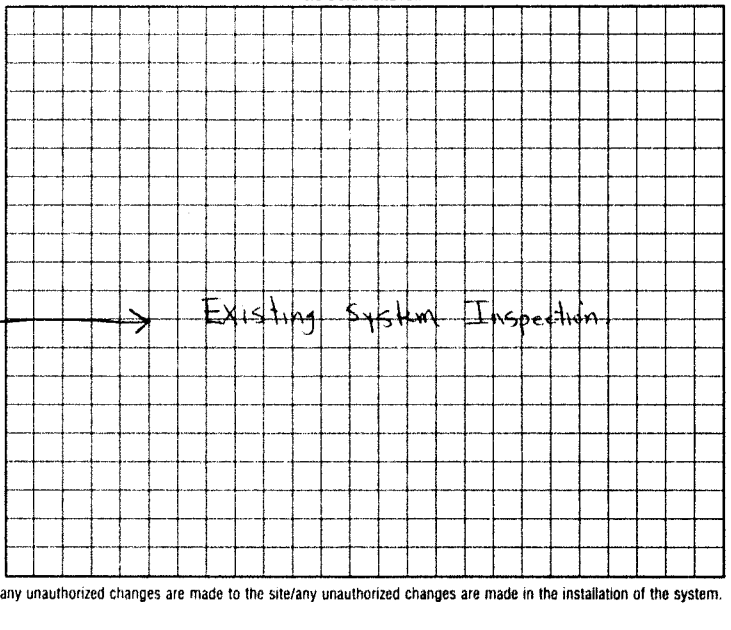
Comments: Two 2 Bedroom SW MH's on same system System shows no visible signs of malfunction at time of inspection. Tank located, drainlines too deep to probe. Inspection hindered by leaves over drainlines. Home located, it is further than 5 from system

Comments:

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. 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 J. Dennis date 12-1-93 Operation Permit by: _____ date _____

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