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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. 20374 DATE 3-13-95 TAX MAP NO. 3C-10-A-122 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Barbara Elmore PHONE: Business _____ Home (910) 366-2448

ADDRESS Rt. 2 Box 490 State Rd., N.C. 28676

LOCATION Hwy 150 W TR Perth Rd TL Fern Hill Rd. TR Fairburn Lane 3rd Home on R.

SUBDIVISION Crescent. BLOCK / SECTION 15 LOT 122 LOT AREA .55 acre SITE CLASS. Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ 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: System Inspection

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☑ Other Addition to Home

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

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Existing System originally sized for 3 Bedroom (4-27-81) dwelling. Existing 2 Bedroom Home and adding an additional bedroom and bath. System shows no visible signs of malfunction at time of inspection. Upper line of system appears to be underneath deck. Keep addition min. 5' from any part of septic system.

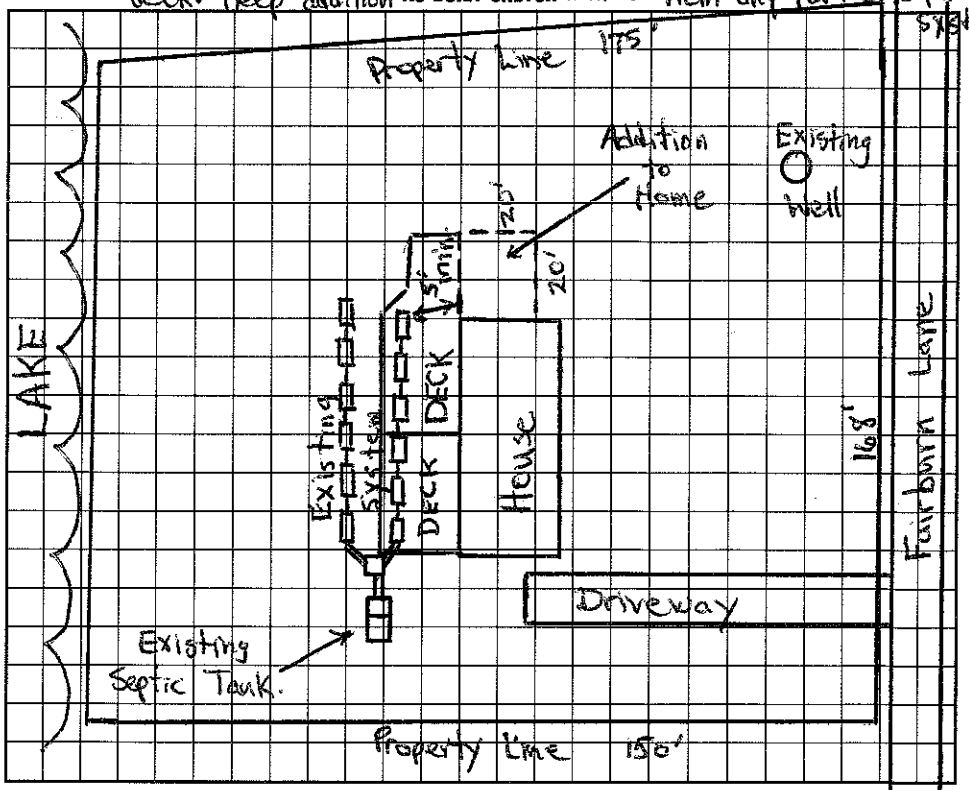
INITIAL SITE SKETCH

(CoC 5-15-81)

Improvement Permit issued on 4-27-81 shows system to be installed 10' from foundation of home and system ending at edge of home. End of lines could not be probed due to location of deck over them. Keep system 5' from foundation of addition.

Also letter issued to Santa May stated that system was sized large enough to accomidate 3 Bedroom Home.

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 3-13-95 Operation Permit by: _____ date _____

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