51030

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. 17858 DATE 4-20-94 TAX MAP NO. 3L-3-1-24 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Anthony & Richard Cannon PHONE: Business _____ Home 873-4298

ADDRESS 217 Starmount Rd. Statesville, N.C. 28677

LOCATION From Troutman take Perth Rd TR State Park Rd TL Morrison Farm Rd TL Stillwater TL Honey Dew 3rd Lot on R

SUBDIVISION Crescent BLOCK / SECTION 18 LOT 892 LOT AREA - SITE CLASS PS DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing System Gallons; RT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Lines _____ 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 _____

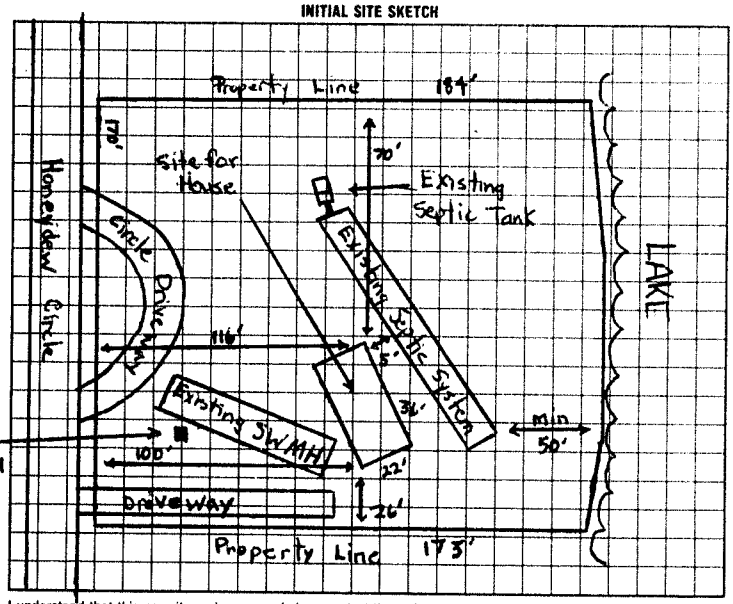
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments Moving off SW MH, moving on 2 Bedroom House. MH to be moved off before final inspection on house. Keep house min 5' from any part of septic system. System shows no visible signs of malfunction at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

Existing System Inspection

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 4-20-94

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