IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 | MOORESVILLE 704-664-5281

ENTERED

4698 21 1902

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO: 16532 DATE 6/22/93 TAX MAP NO. Pt of 2P - B - 21

OWNER OR CONTRACTOR GERALD NANCE PHONE: Business _____ Home 664-4131

ADDRESS Rt 4 Box 429

LOCATION Mc INNIS RD, NEXT TO LAST TRAILER ON (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~1AC SITE CLASS. P L.T.A.R. .3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 3 Trench Depth 36" Gravel Depth 12"

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

System Description: CONV

Repair System Description: CONV

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

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

Comments Lines A + B are doing all the work - D/B need speed levelers and replacing to the 5/T Keep house a minimum of 15' from basement wall

INITIAL SITE SKETCH

Location of the proposed GARAGE addition does not appear to impact the existing on-site septic system or well.**NOTE: GARAGE NO CLOSER THAN 5' TO SEPTIC

APPROVED SEP 09 2014 Date

ICHD-Environmental Health Division

#205395

The proposed / existing Accessory Building addition does not appear to impact the existing septic system.

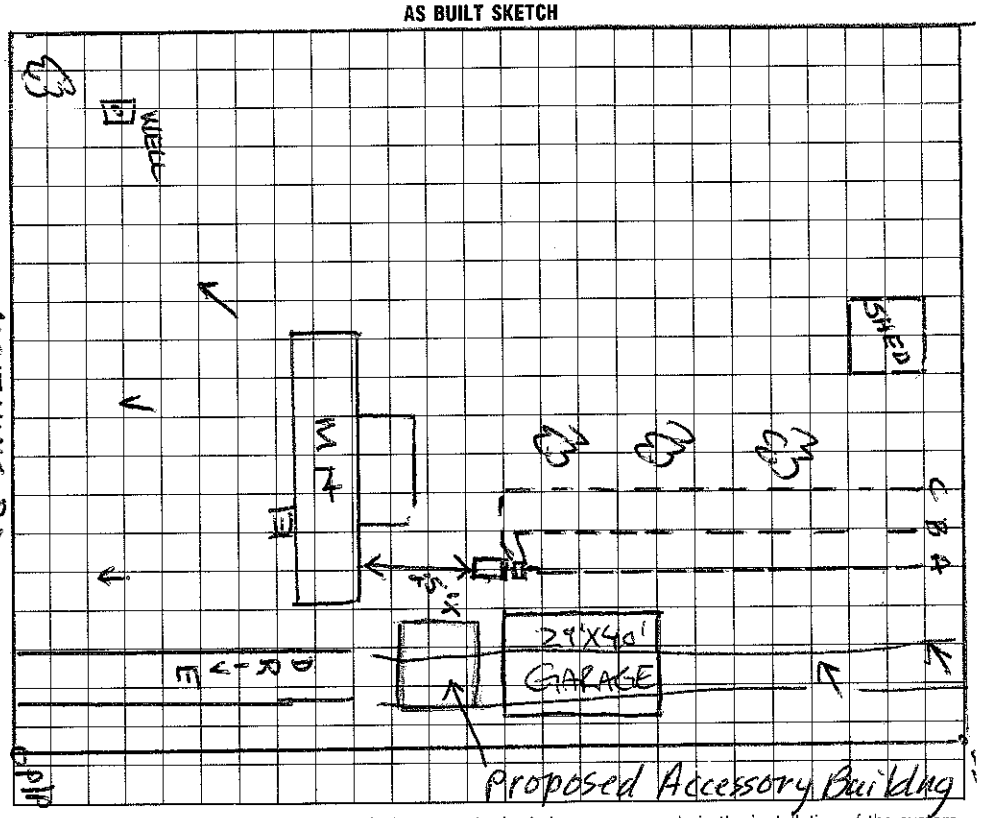
**NOTE: Keep Building min. 5' from Septic

Judy Mulcully R.S.

Date: 5-1-13

ICHD-Environmental Health Division

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Wesley Sparks RS. date 6/22/93

Installed by: EJ Ervin 12/31/91

Certificate of Completion by: DRH 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