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. 22813 DATE 12/4/95 TAX MAP NO. 4D A 7 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR ~~James Robert~~ Richard Ohlhorst PHONE: Business 4166927345 Home 664-2174

ADDRESS 590 Childers Rd. Cleveland, NC. 27013

LOCATION on (L) Layond Spring Run - on Shinnville Rd

SUBDIVISION Haney S McLees BLOCK / SECTION ____ LOT 2 LOT AREA 4.453 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1097 Date 5/27/97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 3 Square Feet 1200 Linear Feet 460

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

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

System Description: Conventional - Dist Box

Repair System Description: ~~Same~~

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

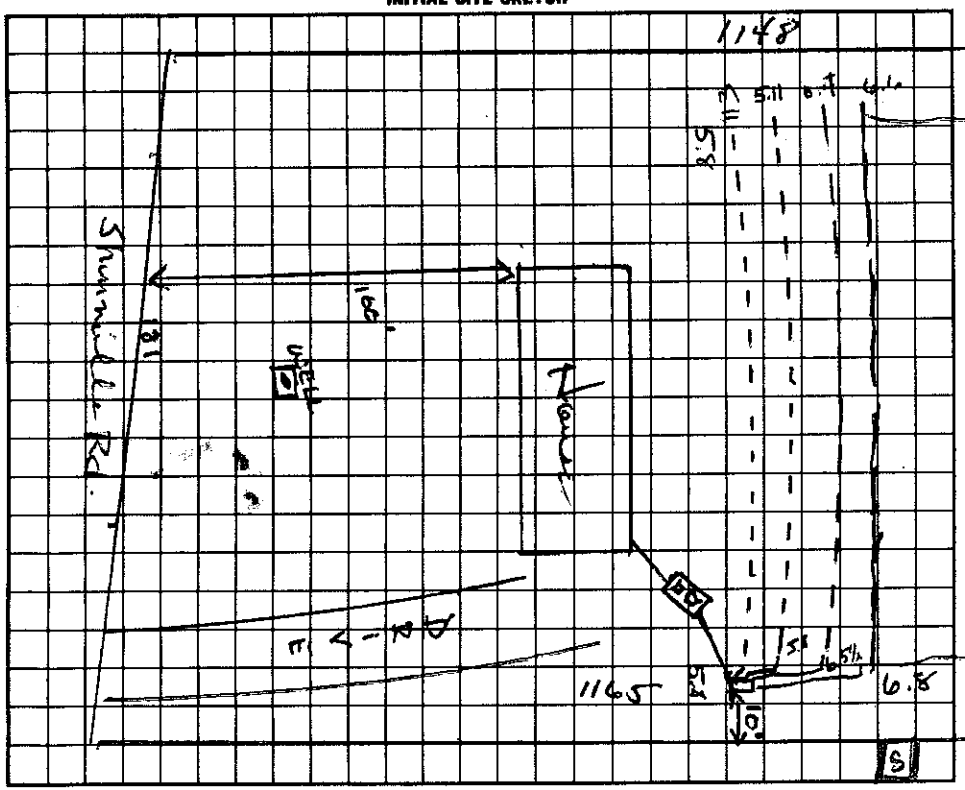
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

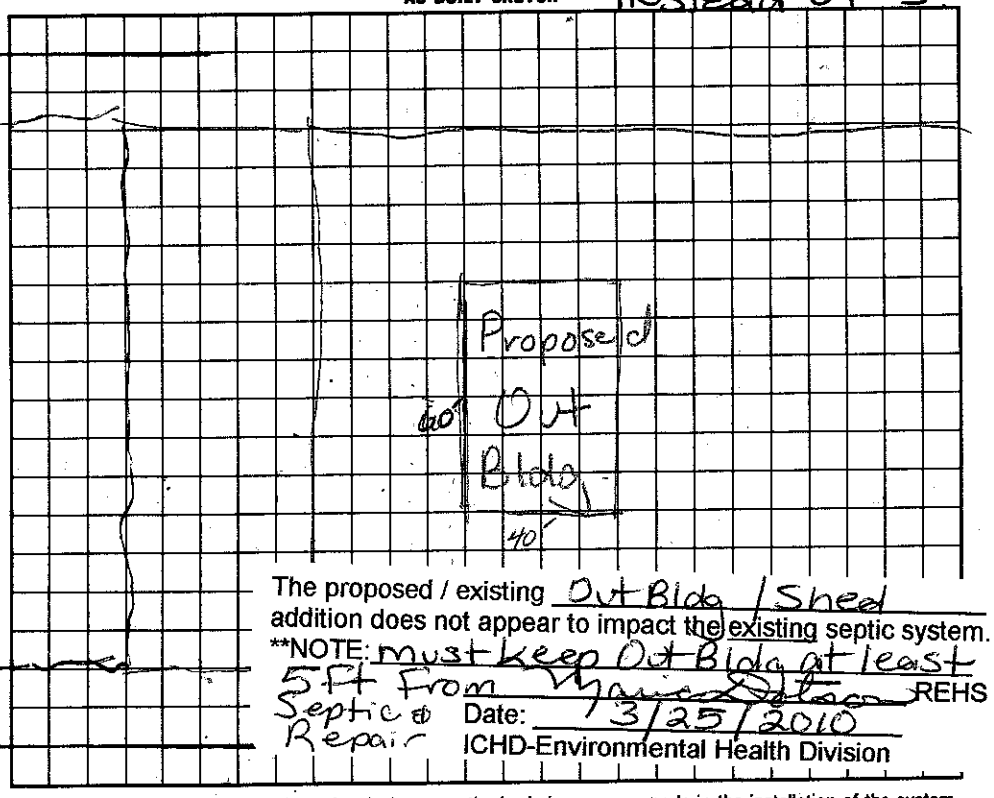
Comments: 4 lines at 100'+

Comments: Installed as drawn except 4 lines instead of 3

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing Out Bldg / Shed addition does not appear to impact the existing septic system.

**NOTE: must keep Out Bldg at least 5ft from Septic

REHS Repair Date: 3/25/2010

ICHD-Environmental Health Division

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.

Signed: ~~James Robert~~

Improvement Permit by: Wesley Sparks RS. date 12/4/95

~~Certificate of Completion~~ Existing System Inspection by: ~~Construct~~ Wesley Sparks RS. date 12/4/95

Installed by: Andy Daniels

Certificate of Completion by: ~~Maria H. Dotson~~ date 7/22/97

Operation Permit by: Maria H. Dotson date 7/22/97

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