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. 19089 DATE 7-14-94 TAX MAP NO. 3N-1-A-1 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Keith Levan PHONE: Business _____ Home 881-0321

ADDRESS 212 Canal Drive, Statesville N.C 28677

LOCATION I40W TL Old Mtn. Rd TR Lewis Ferry Rd. TR Canal Dr. 4th to last house on R

SUBDIVISION Kale Landing BLOCK / SECTION _____ LOT 1 LOT AREA 110' X 200' SITE CLASS Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank _____ Gallons; PT _____ Date _____

Pump Make: Existing System Inspection Model _____ Capacity _____

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: Inspection

Maintenance Agreement Required: ☐ Yes ☐ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

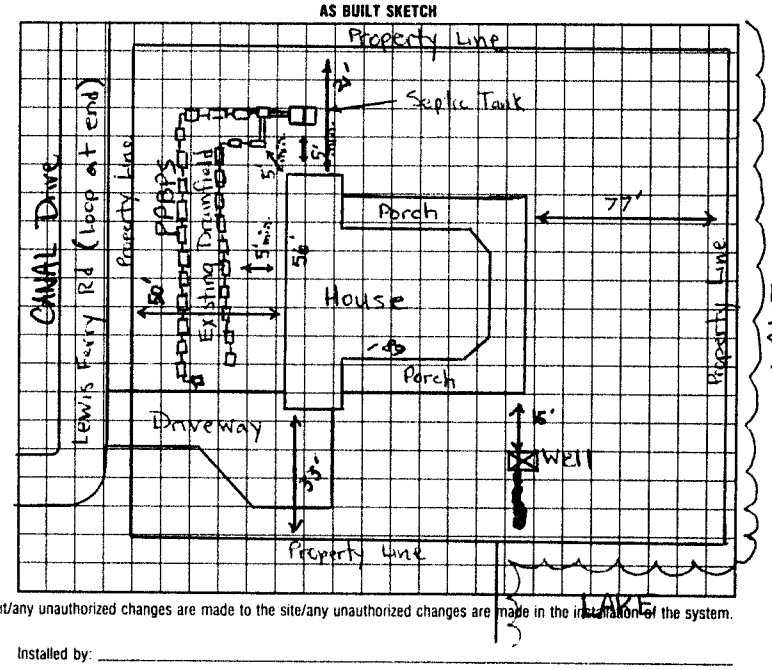
Water Supply:
☑ Individual
☐ Community
☐ Public

Comments:

Comments: System shows no visible signs of Malfunction at time of inspection. Keep home min. 5' from any part of the septic system. Original home sized for 3 Bedroom home. It has been demolished. New home to be built.

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael R. Dennis date 7-19-94

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