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. 21155 DATE 6-1-95 TAX MAP NO. 3N-1-A-2 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Hayden Hamby PHONE: Business _____ Home 871-8117

ADDRESS 1308 Mocksville Hwy. Statesville, N.C 28677

LOCATION I40W TL old Mtn. Rd. TR Lewis Ferry Rd. to end TR on Canal Dr. 2nd lake lot on R.

SUBDIVISION Kale Park BLOCK / SECTION — LOT 2 LOT AREA 70' x 203 SITE CLASS. Existing DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model System Serial No. Inspection

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

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Community ☐ Public

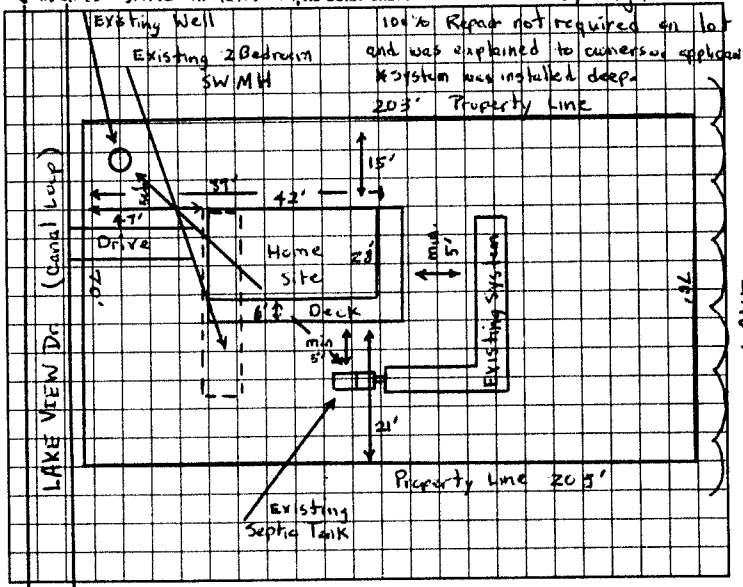
Comments:

Comments: Existing 2 Bedroom SW MH and system on lot. Moving off SW MH and replacing with 2 Bedroom House. Keep foundation of home min. 5' from any part of septic system. System shows no visible signs of malfunction at time of inspection. System has only been used ≈6 months since installation, AS BUILT SKETCH as informed by neighbors.

INITIAL SITE SKETCH

* Sewage characteristics not changed.

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 6-1-95 Operation Permit by: _____ date _____

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