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. 21906 DATE 9-6-95 TAX MAP NO. [redacted]8J-5-A-8 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Chris Loudermilt PHONE: Business _____ Home _____

ADDRESS 2341 Old Mtn. Rd. Statesville N.C. 28677

LOCATION I-40W TL Old Mtn. Rd. TR Lewis Ferry Rd. TR Eufola Rd. TL Angela Lane Lot at end on R-

SUBDIVISION Stacy Acres BLOCK / SECTION _____ LOT 8 LOT AREA 2.95 acres SITE CLASS. P.S. DESIGN FLOW 310 L.T.A.R. .39 gpd/ft2

Septic Tank: 1000 Gallons; STB 794 Date 6-21-95
Pump Tank: — Gallons; PT — Date —
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 equivalent Linear Feet 300'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24"-30" Gravel Depth NA

☑ New System ☐ Repair System Type: I II III IV, V, VI
System Description: [redacted], Chambered, graveless Syst
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

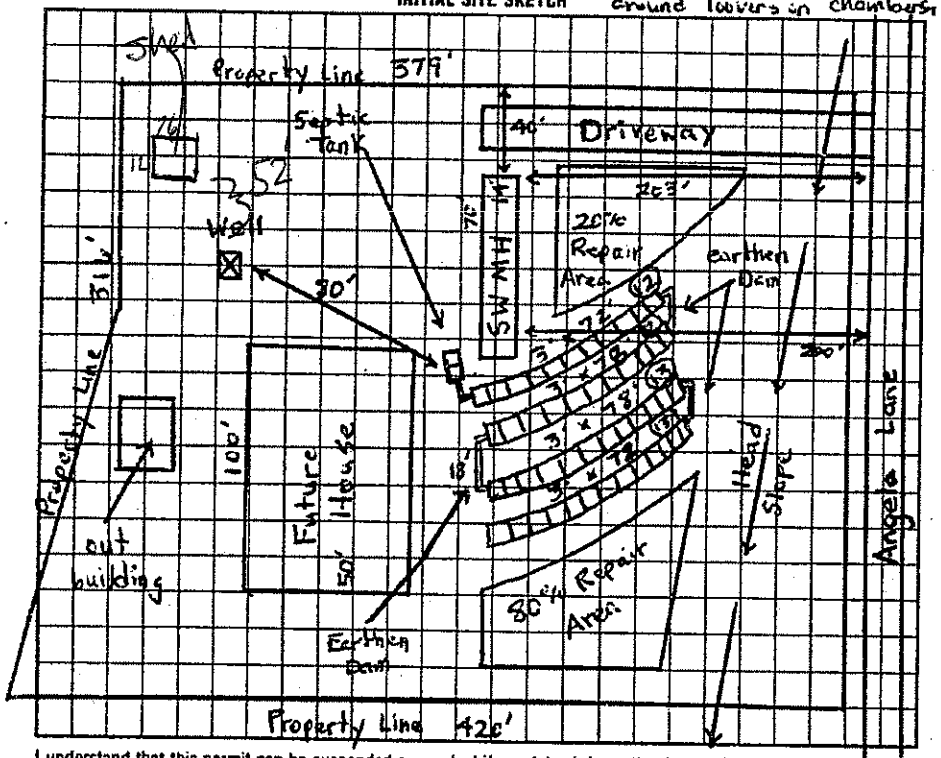
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Install system shallow (no deeper than 24" to trench bottom) Keep lines and trenches on contour. Keep system min. 5' from foundation of home, 10' min from all property lines, and max. feasable distance from any well and no closer than 50'. Bring in enough sand to fill in around louvers in chambers 50 chambers total.

Comments: Home not located at time of inspection. Keep it min- 5' from any part of septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH

* Contractor must be certified by manufacture.

SAME AS FINAL SKETCH

Location of the proposed 24×26 shed addition does not appear to impact the existing on-site septic system.**NOTE: no closer than 25' from well

Date: 4-23-13 REHS

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: Chris Loudermilt

Improvement Permit by: Michael J. Dennis date 9-6-95

Existing System Inspection by: [redacted] date _____

Installed by: Wes Lytton Signed wrong place on own copy

Certificate of Completion by: [redacted] date [redacted]

Operation Permit by: Michael J. Dennis 10-17-95

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