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. REPAIR DATE 4-18-97 TAX MAP NO. Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR MS. WILLIS GROSE PHONE: Business Home 872-6909

ADDRESS 628 LEWIS FERRY ROAD STATESVILLE NC 28677

LOCATION OLD MTN. ROAD, TR LEWIS FERRY ROAD, 2ND HOUSE ON RIGHT PAST SHILOH CHURCH (#628)

SUBDIVISION BLOCK / SECTION LOT LOT AREA ACREAGE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

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

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

System Description: CONV. GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees

☐ Other

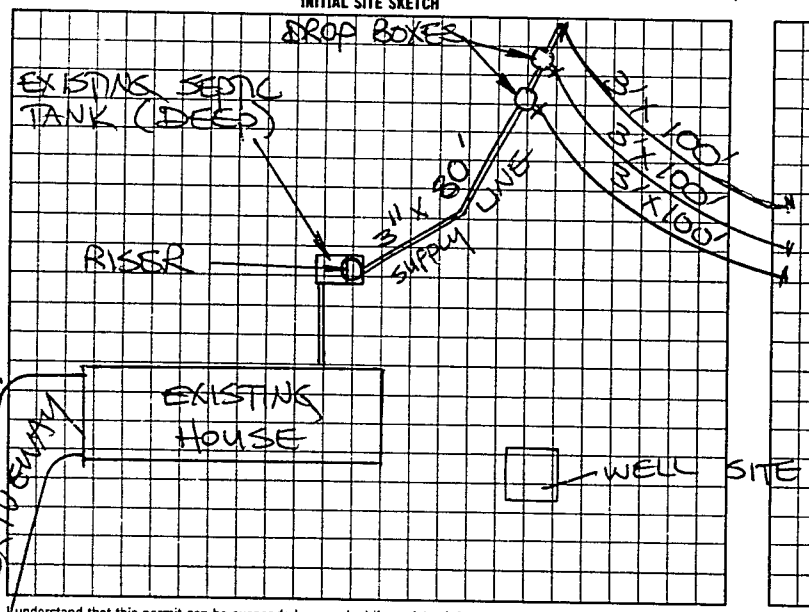
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELLS

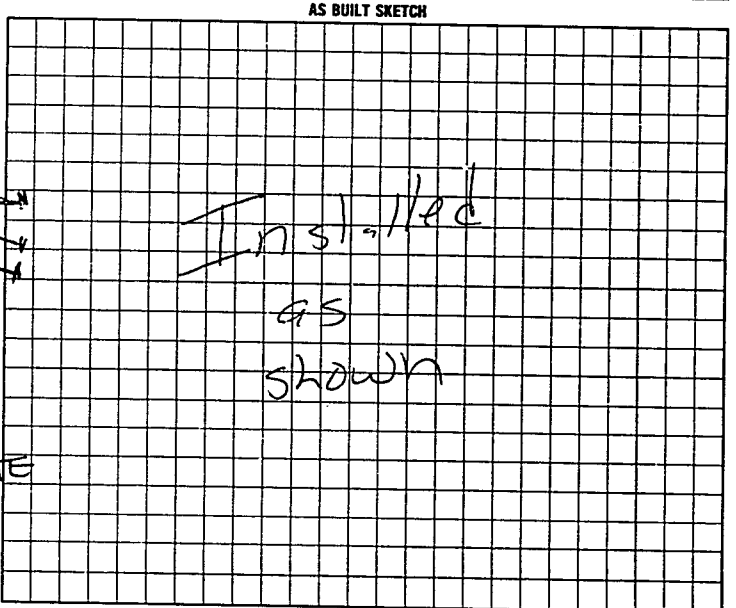
Comments: (1) INSPECT EXISTING SEPTIC TANK (DEEP) FOR INTEGRITY, REPLACE SANITARY TEE, LEAVE OPEN FOR HEALTH INSPECTION (2) INSTALL NEW LINES ON CONTOUR AS FLAGGED (3) ABANDON EXISTING DRAINFIELD.

Comments:

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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: X Willis S. Grose

Improvement Permit by: STEVE HEDRICK date 4-18-97

MTH - To Const.

~~Existing System Inspection~~ by: STEVE HEDRICK date 4-18-97

Installed by: James Huddle

~~Certificate of Completion~~ by: date

Operation Permit by: Matt Cutts date 4-22-97

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