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. 21385 DATE 6-23-95 TAX MAP NO. 8C-B-22 (PART) Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR JOSEPH E. MONTAIGNE PHONE: Business (704) 241-3301 Home (704) 872-8970

ADDRESS 867 EUFOLA ROAD, STATESVILLE NC 28677

LOCATION US 70 W TL OLD MTN, TR LEWIS FERRY, TL EUFOLA, ON (L) ~0.8 MILE, OFFRD,

SUBDIVISION JOSEPH MONTAIGNE BLOCK / SECTION ___ LOT 2 LOT AREA 155'x170' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB TP 10.2 Date 8/8/95

Pump Tank: ___ Gallons; PT ___ Date ___

Pump Make: ___ Model ___ Serial No. ___

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-32" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other ___

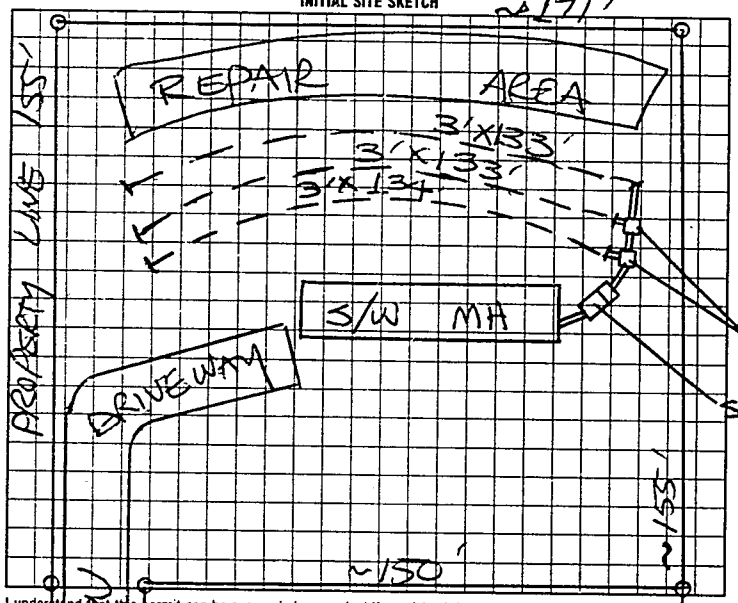
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL NEXT DOOR

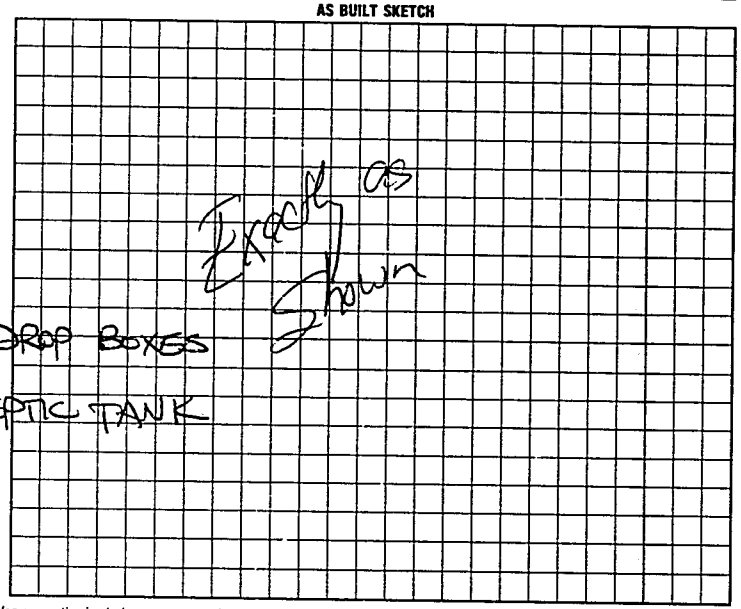
Comments: ① KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 100' FROM WELL ② WIDTH OF LINES ON CONTOUR, NO DEEPER THAN 32", 9' MINIMUM APART ON CENTERS.

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.

Signed: Joe Montaigne

Improvement Permit by: STEVE HEDRICK date 6-23-95

Existing System Inspection by: ___ date ___

Installed by: Forest Shuford

Certificate of Completion by: ___ date ___

Operation Permit by: ___ date 10/12/95

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