48243

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. 16679 DATE 7-28-93 TAX MAP NO. BC-B-7

OWNER OR CONTRACTOR Harry C. Plott, Jr. PHONE: Business _____ Home 873-7159

ADDRESS Rt. 3 Box 254, Statesville, N.C. 28677

LOCATION I40W TL old Mtn. Rd. TR Celeste-Eufola Rd. TR Eufola Rd. behind 1st house on L.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA 25.33 acres SITE CLASS. P.S. L.T.A.R. .4 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Share with home.

Septic Tank: 1000 Gallons; STB 1012 Date 5/18/93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200'

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

☑ New System ☐ Repair System Type: I II. IV. V. VI

System Description: conventional, gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2 Garbage Disposal: ☐ Yes ☑ No

☑ Mobile Home No. Bathrooms 1 Auto. Dishwasher: ☐ Yes ☑ No

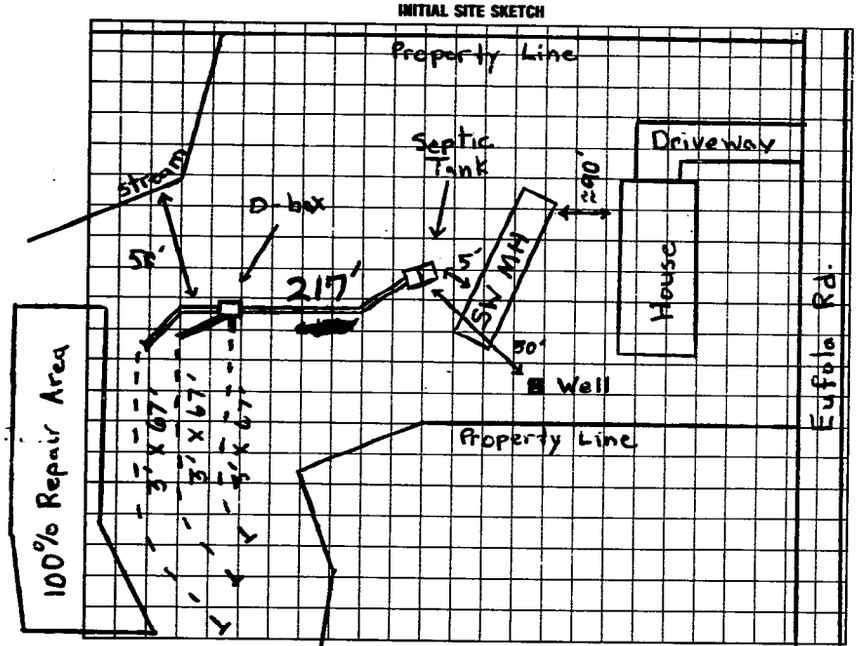
☐ Business No. Employees — Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

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

Comments Keep Nitrification Lines on contour. Keep system 5' from foundation of home, 50' from well, 50' from stream, and 10' off all property lines. 100% Repair Area below system, conventional, gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: X Harry C. Plott Jr.

Improvement Permit by: Michael J. Dennis date 7-28-93

Existing System Inspection by: _____ date _____

Installed by: JAMES HUDLER

Certificate of Completion by: STEVE HERRICK date 7/30/93

Operation Permit by: _____ date _____

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