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. 20285 DATE 2-9-95 TAX MAP NO. 8H-4-A-3 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Rebecca Charr PHONE: Business _____ Home 872-7777

ADDRESS Rt 5, Box 107 Hoop Rd. Statesville N.C. 28677

LOCATION I40W TL Old Mtn. Rd. TR Hwy 70W Lot on L just past Wind Forest

SUBDIVISION Wind Forest BLOCK / SECTION - LOT 3 LOT AREA - SITE CLASS. Existing DESIGN FLOW 360 L.T.A.R. Existing (.5)

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: Existing Gallons System Inspection Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

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

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

System Description: Existing System

Repair System Description: Inspection

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

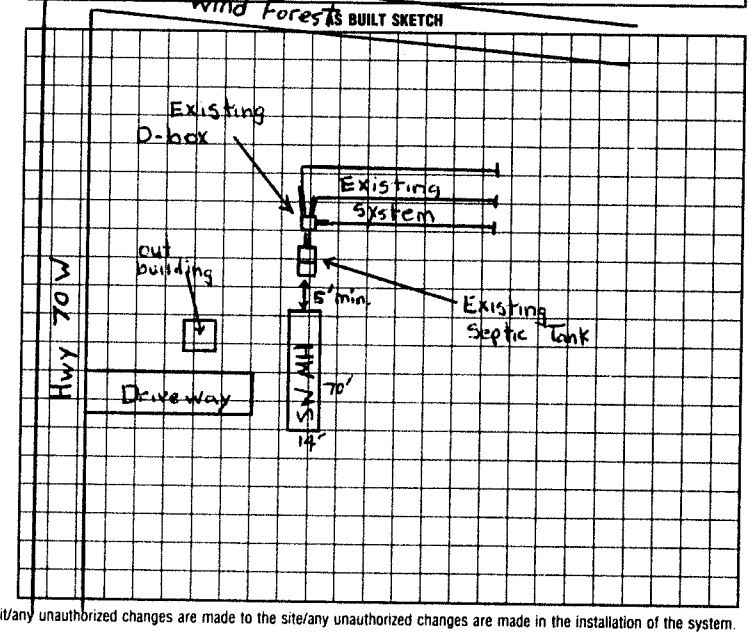
Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: Replacing SW MH on site where SW MH was before. Original permit sized for 3 Bedroom MH. Keep home min 5' from any part of septic system. System shows no visible signs of malfunction at time of inspection. Site has been vacant for extended period of time.

Comments: * Area over and around septic system should be kept up, completely cover with grass and kept mowed.

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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Michael D. Denman date 2-9-95 Operation Permit by: _____ date _____

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