51391

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. 18429 DATE 5-13-94 TAX MAP NO. 8J-A-29A (Pt. of.) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Michael D. Archambault PHONE: Business _____ Home 464-4673

ADDRESS Rt. 1 Box 592 D Statesville, N.C. 28677

LOCATION I 40 W TL Old Mtn. Rd TR Hwy 70 TL Marrow Rd Lot approx 1 mile on L.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 2.23 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 3-19-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: conventional, gravity fed.

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12"

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

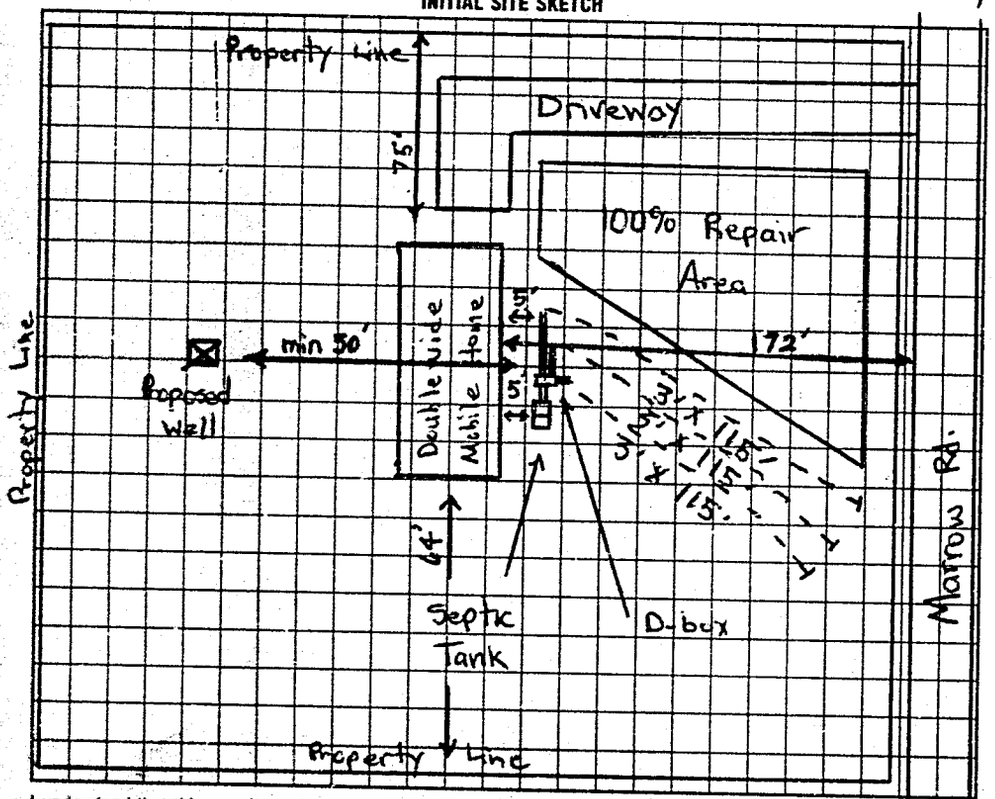
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) keep Nitrification Lines and Trenches on contour. Keep system, 5' from foundation of home, 10' from all property lines, and 50' min from any well. 100% Repair below system, conventional, gravity fed.

Comments: 100% Repair below system, conventional, gravity fed. Home and well not located at time of inspection. Keep home 5' from any part of septic system. Keep well 50' from any part of septic system and repair area.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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: Richard R. Downs

Improvement Permit by: Michael J. Dennis date 5-13-94

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: Michael J. Dennis date 6-2-94

Operation Permit by: _____ date _____

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