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. 18313 DATE 4-20-94 TAX MAP NO. 8M-7-A-17 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR John C. Smith PHONE: Business _____ Home 838-0230

ADDRESS Rt. 3 Box 207 Statesville, N.C. 28677

LOCATION I-40W TL old Mtn. Rd rt Beulah Rd. Stay straight Mock Mill Rd. TL Stonewood Dr. 2nd to Last lot on R.

SUBDIVISION Stonewood S/D BLOCK / SECTION — LOT 17 LOT AREA _____ SITE CLASS P.S. DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: Existing Model System Inspection

Nitrification Field: No Lines _____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

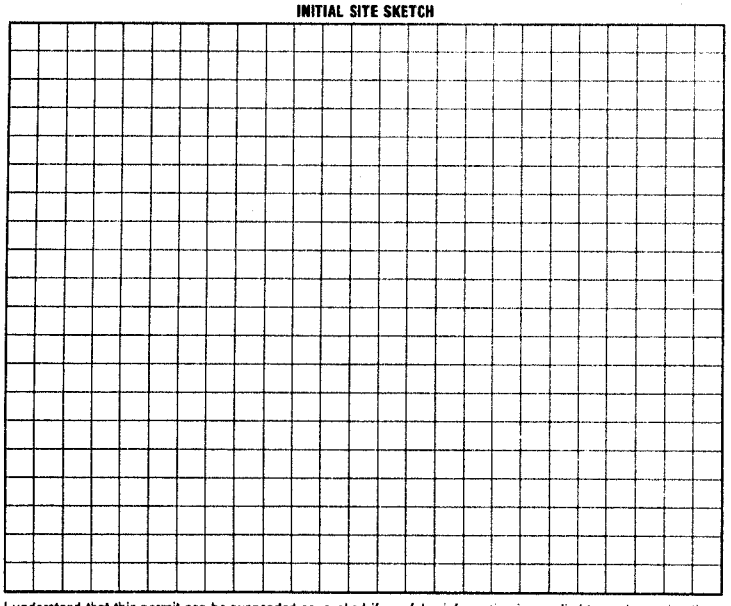
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☑ Public

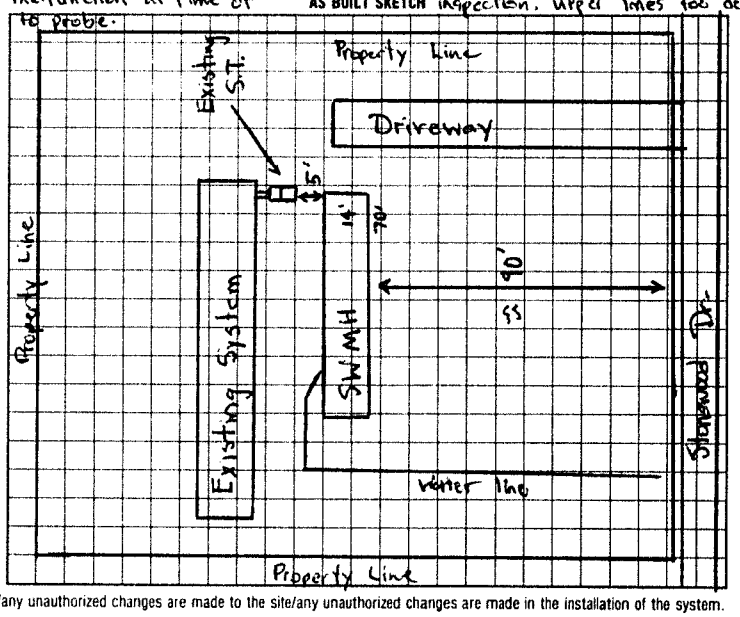
Comments:

Comments: Home not located at time of inspection. Keep Home min. 6' from any part of septic System. Home to be located in same location as home that was set there before. Lot vacant for extended period of time. System shows no visible signs of malfunction at time of inspection. Upper lines too deep to probe.

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael N. Dennis date 4-20-94

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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