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. 16782 DATE 10-11-94 TAX MAP NO. 8M-7-A-6 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Scott Bass PHONE: Business _____ Home 872-8377

ADDRESS 706 Bellemead Ave. Statesville, N.C. 28677

LOCATION I40W TL Old Mtn. Rd. TR Mock Mill Rd. TL Stonewood MH S/D (1st dirt Rd to left) TL Daniel Ct. Lot at end on R.

SUBDIVISION Stonewood S/D BLOCK / SECTION NA LOT 6 LOT AREA .6445 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 9/18/94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: conventional, gravity fed

Repair System Description: PPBPS, gravity fed

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☑ Other This Permit Voids Permit issued 8-10-93

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

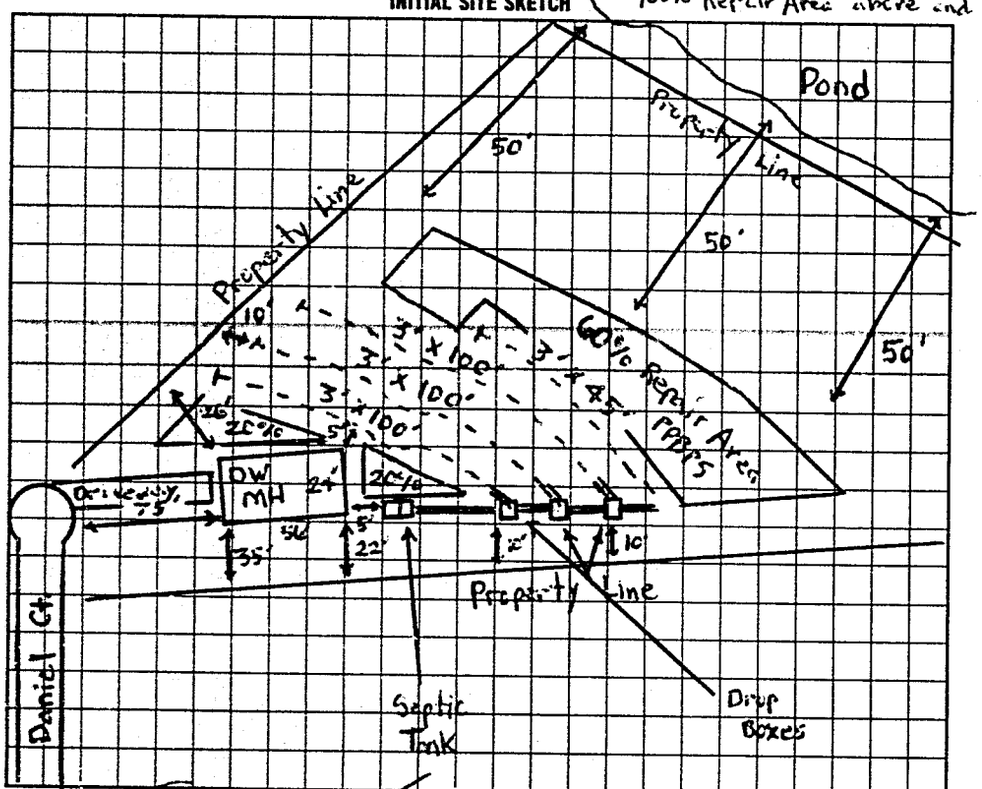
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom on upper side of trench, 24" on lower side of trench.) Keep lines and trenches on contour. Keep system min 5' from foundation of house, 10' from all property lines, 10' from water line, and 50' from water (pond)

Comments:

INITIAL SITE SKETCH



100% Repair Area above and below system PPBPS, gravity fed.

AS BUILT SKETCH

* This Permit voids permit issued 8-10-93. *

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: Timothy Scott Bass

Improvement Permit by: Michael X. Dennis date 10-11-94

Existing System Inspection by: _____ date _____

Installed by: TOMMY COTHREN

Certificate of Completion by: STEVE HEDRICK date 12/8/94

Operation Permit by: _____ date _____

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