IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

~~52842~~ 52842

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19278 DATE 9-12-94 TAX MAP NO. 8J-A-93 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Judy Elmore PHONE: Business _____ Home 872-2594

ADDRESS 173 N. Shady Rest Rd. Statesville, N.C. 28677

LOCATION I-40W TL Old Mtn. Rd. TR Hwy 70 TR Shady Rest Rd. 2nd DW MH on L.

SUBDIVISION NA BLOCK / SECTION NA LOT NA LOT AREA ≈ 1.5 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 7-31-94

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" Gravel Depth 12"

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

System Description: conventional, gravity fed

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

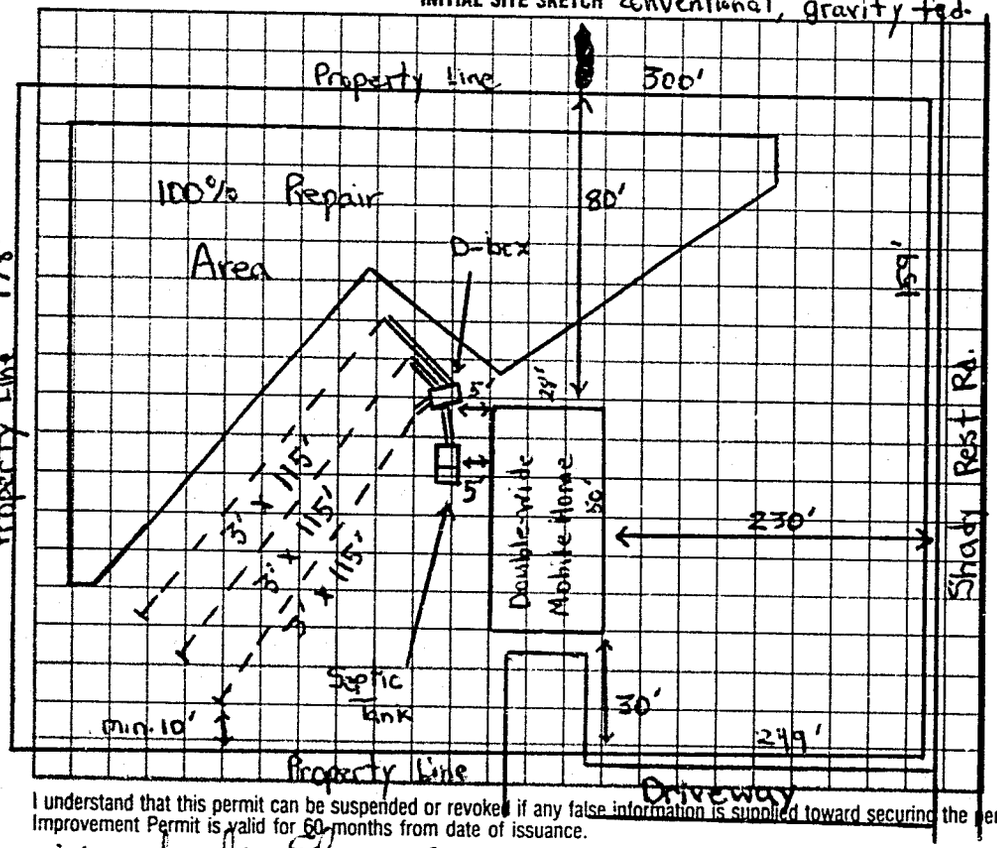
Water Supply: ☑ Individual ☐ Community ☐ Public

Share well with neighbor.

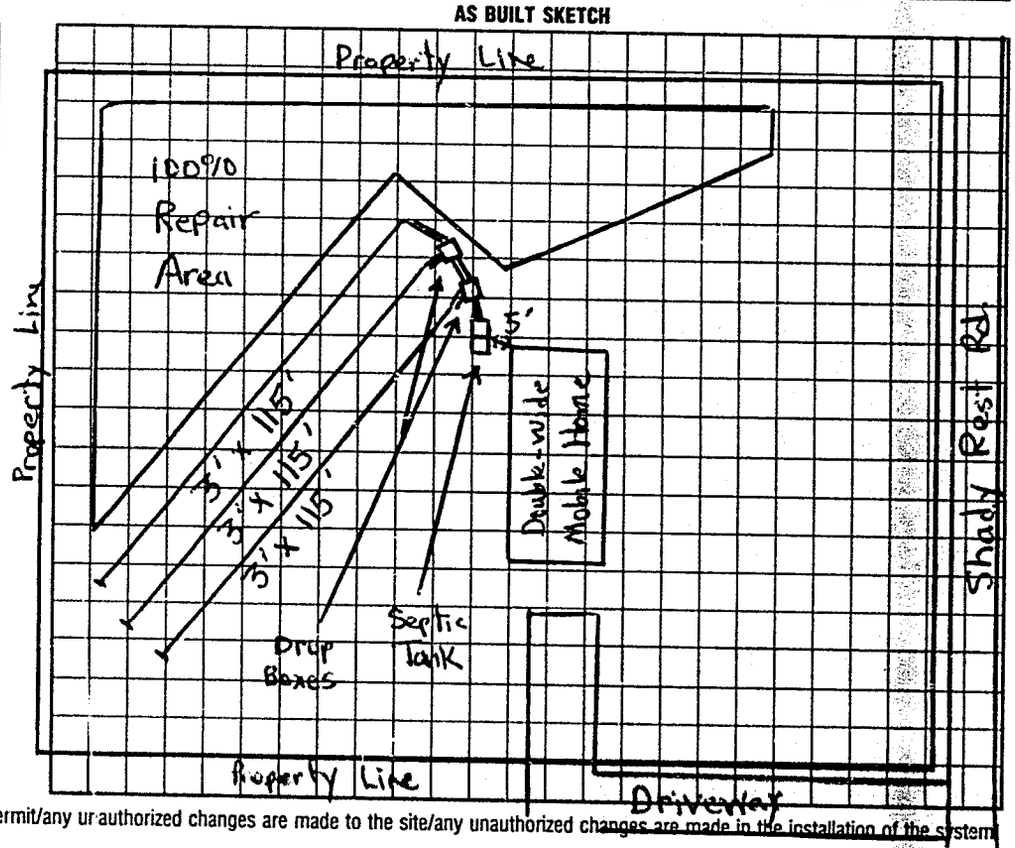
Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom. (Keep lines and trenches on contour. Keep system min. 5' from foundation of home, min. 10' from all property lines, 10' from water line, and 50' from any well. 100% Repair beside and below system

Comments: Home located at time of inspection. Home is more than 5' from any part of septic system. Contractor used 2 drop boxes instead of 1 D-box.

INITIAL SITE SKETCH conventional, gravity fed.



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: X Judy Elmore

Improvement Permit by: Michael J. Dennis date 9-12-94

Existing System Inspection by: _____ date _____

Installed by: Kenny Pearson

Certificate of Completion by: Michael J. Dennis date 10-7-94

Operation Permit by: _____ date _____

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

9290