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. 17176 DATE 10-13-93 TAX MAP NO. 8J-4-D-3 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Melvin O. Hedrick PHONE: Business _____ Home 872-1523

ADDRESS Rt. 14, Box 402-H Statesville, N.C. 28677

LOCATION I40W TL Old Mtn. Rd TR Hwy 70W TL Shady Rest Rd TR Suzanne Lane Lot ± .25 miles on R.

SUBDIVISION Shady Rest Acres BLOCK / SECTION _____ LOT 3 LOT AREA 99' x 526' SITE CLASS Existing DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: Existing ~~Gallons; STB~~ ~~Date~~

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields Existing 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: conventional, gravity fed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 2 No. Bathrooms 1.5 No. Employees _____

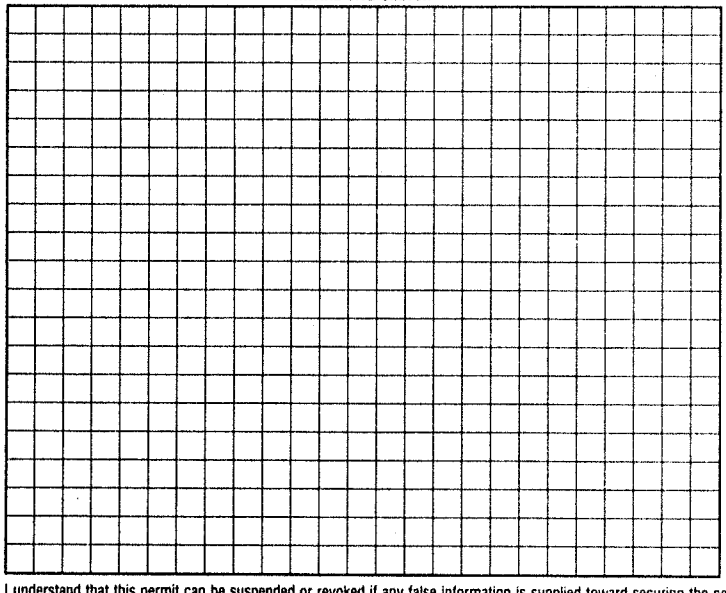
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

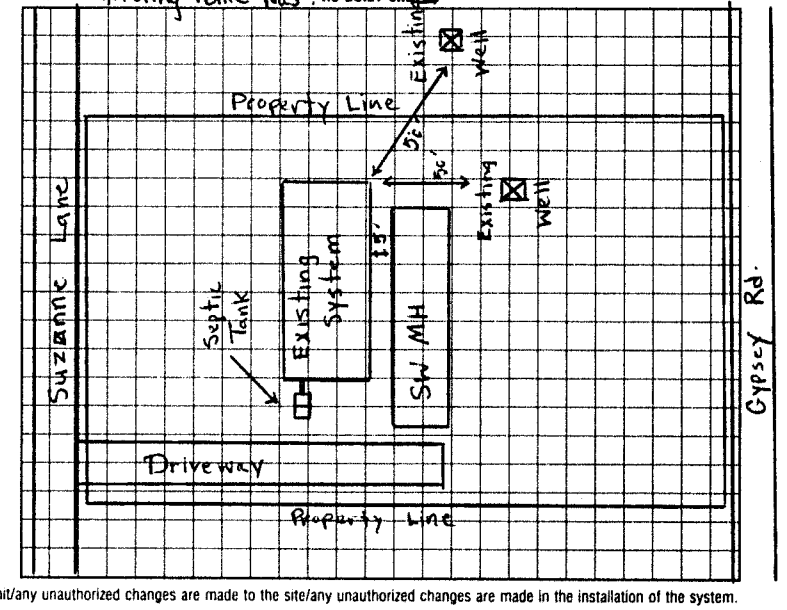
Comments:

Comments: Keep MH min. 5' from any part of Septic System. System shows no visible signs of malfunction at time of inspection. Lot vacant at time of inspection. Place new home in exact location of where existing home was.

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 G. Dennis date 10-13-93 Operation Permit by: _____ date _____

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