Not located

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. 19028 DATE 6-14-94 TAX MAP NO 8J-B-44E Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR George Burrow PHONE: Business Home 873-8655

ADDRESS Rt. 16 Box 423 Statesville N.C. 28677

LOCATION I40W TL Old Mtn. Rd. TR Lewis Ferry Rd. TR Shady Rest Rd. 1st Lot on R.

SUBDIVISION NA BLOCK / SECTION NA LOT NA LOT AREA 205' x 150' SITE CLASS. Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: ____ Gallons; STB ____ Date ____

Pump Tank: Existing Gallons; BT ____ Date ____

Pump Make: ____ Model ____ Capacity ____

Nitrification Field: No Fields ____ Square Feet ____ Linear Feet ____

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____

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

System Description: Existing System

Repair System Description: System Inspection

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other

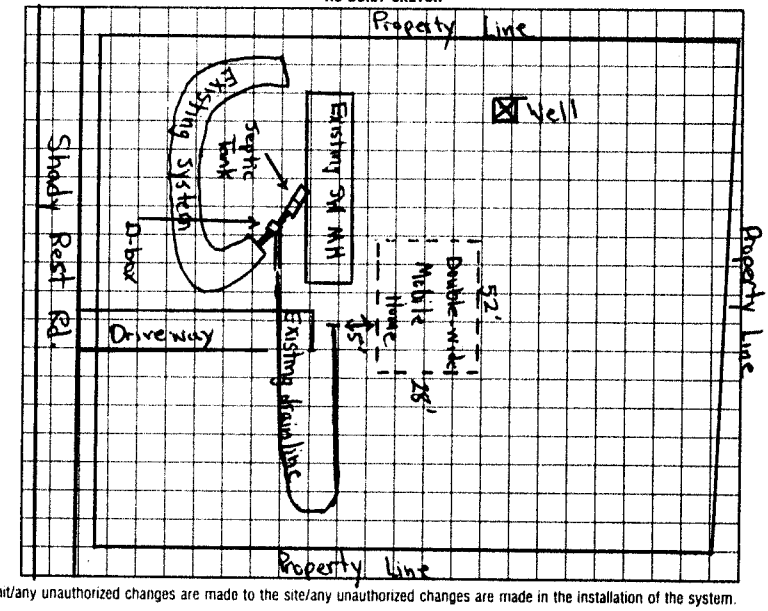
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: System shows no visible signs of malfunction at time of inspection. Moving off 3 Bedroom SW MH, replacing with 3 Bedroom DW MH. Keep home min 5' from any part of Septic system. Home not located but footings poured.

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 J. Dimmick date 6-14-94

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