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. 21914 DATE 9-13-95 TAX MAP NO. 8J-3-A-3 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Richard D. Pate PHONE: Business _____ Home 872-3863

ADDRESS 3145 Hickory Hwy. Statesville, N.C. 28677

LOCATION I40W TS Old Mtn. Rd TR Hwy 70 6th house on L.

SUBDIVISION Westmore 3rd BLOCK / SECTION — LOT 3 LOT AREA 110' x 385' SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 8-26-95
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 266'
No Lines 4 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: Pump to conventional
Maintenance Agreement Required: ☐ Yes ☑ No

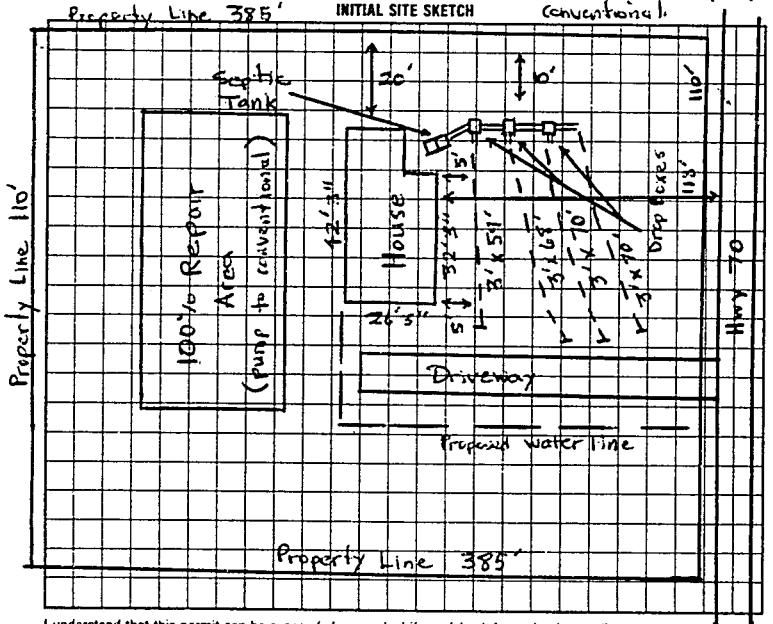
☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees —
☐ Other —
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

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, 10' from all property line min., and 10' from water line min. - 100% Repair Area behind house, pump to conventional.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH EXCEPT ~ 6" DEEPER THAN CALLED FOR & DURING PERIOD OF RAINY WEATHER

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.

Signed: Richard D Pate

Improvement Permit by: Michael L. Dunn date 9-13-95

Existing System Inspection by _____ date _____

Installed by: ESKER ELDER

Certificate of Completion by: _____ date _____

Operation Permit by STEVE HEDRICK date 9-13-95

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

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