53048

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. 19513 DATE 10-5-94 TAX MAP NO. 8M-6-A-3 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Gary Bost (Jack Clanton) PHONE: Business _____ Home 872-5451

ADDRESS Rt. 6, Box 239 Statesville N.C. 28677

LOCATION I40W TL OW. Mtn. Rd. TR Beulah Rd Stay Straight Mock mill Rd. Lot on corner of Mill Pond Rd and Mock Mill Rd.

SUBDIVISION Mock Mill Est. BLOCK / SECTION _____ LOT 3 LOT AREA 122'x200' SITE CLASS Existing DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: Existing Gallons; System Inspection Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square 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: Existing System
Repair System Description: Inspection
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 1.5
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

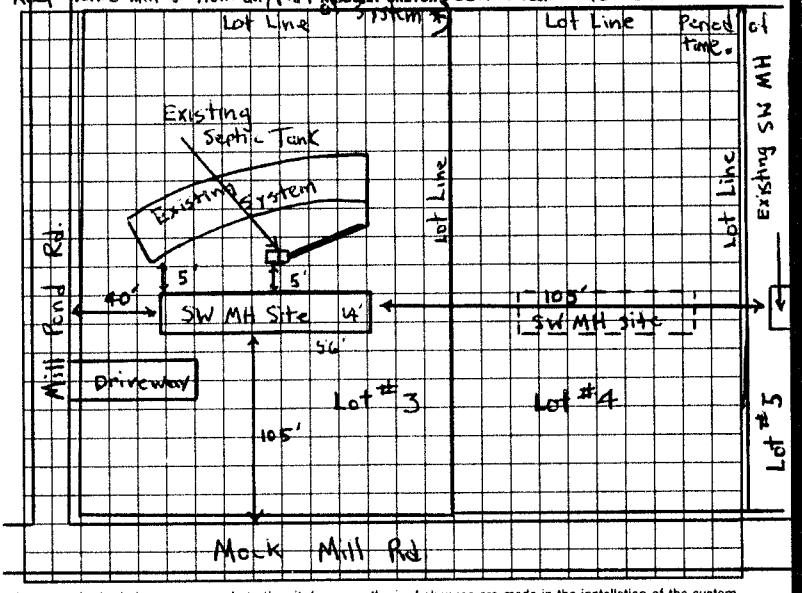
Comments:

Comments: Home on lot at time of inspection but located too far from Mill Pond Rd. Must be moved toward Mill Pond Rd. to dimensions shown on Sketch. System shows no visible signs of malfunction at time of inspection. Site has been vacant for an extended period of time.

(* Keep home min. 5' from any part of system)

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 J. Dennis date 10-5-94 Operation Permit by: _____ date _____

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