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. _____ DATE 3-3-97 TAX MAP NO. _____ Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Pam Locke PHONE: Business _____ Home 872-2216

ADDRESS 223 Old Mtn Rd Statesville NC

LOCATION I-77 Troutman Rd 1st house past Island Ford Rd on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS P/S DESIGN FLOW 240 L.T.A.R. 0.3

Septic Tank: 1000 Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet _____

No Lines 3 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12

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

System Description: _____

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☐ Other _____

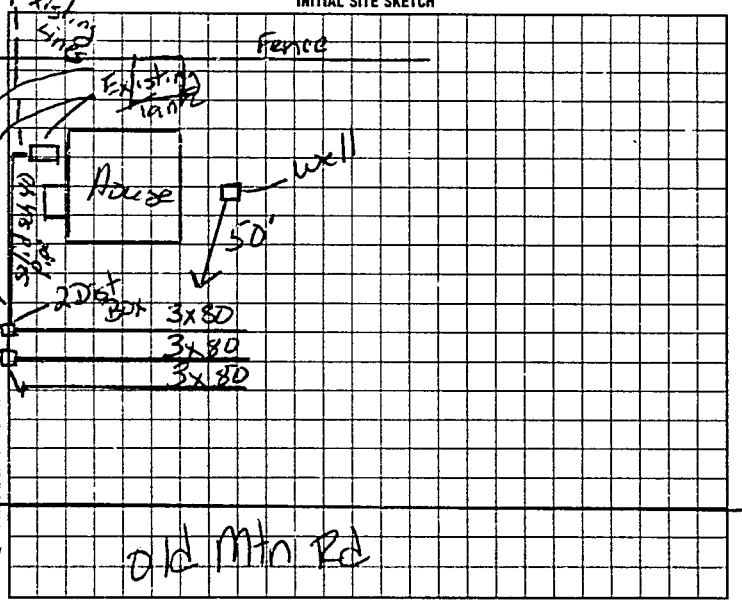
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

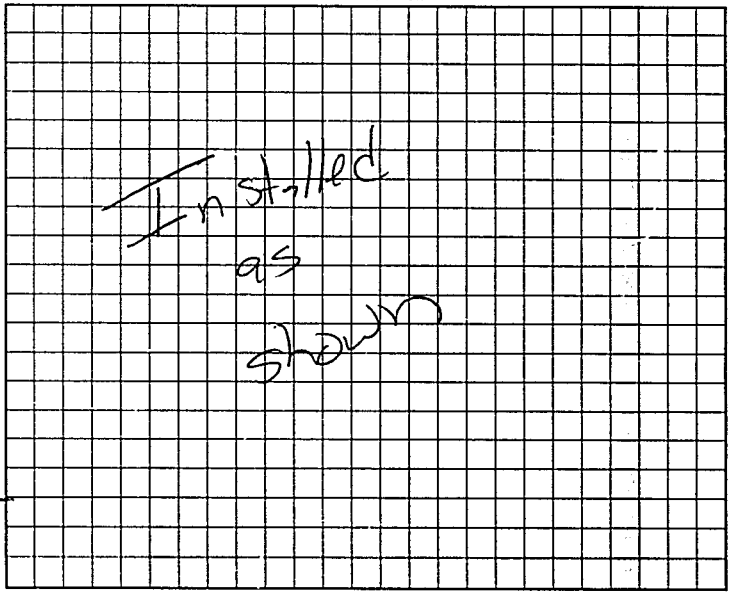
Comments: keep lines on contour, 9ft on center
keep lines 50ft from well
check sanitary T. Replace if necessary
Run Solid sh 40 PVC to line

Comments: Due to Depth of existing tank New Drain lines are 6ft deep.

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 James Mundy

Improvement Permit by: Mary C Ontz RS date 3-3-97

Authorization to cover Existing System Inspection by: Mary C Ontz RS date 3-3-97

Installed by: James Huddler

Certificate of Completion by: _____ date _____

Operation Permit by: Mary C Ontz RS date _____

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