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. 16791 DATE 8-11-93 TAX MAP NO. Pt. of 8T-A-36

OWNER OR CONTRACTOR Roger Duke, Jr. PHONE: Business _____ Home 878-0802

ADDRESS Rt. #6 Box 43 Statesville, N.C. 28677

LOCATION I-40W TR old Mtn. Rd. TR Island Ford Rd. -TL Lippard Farm Rd Lot ≈ 1 mile on L.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA 100' x 200' SITE CLASS P.S. L.T.A.R. .35 gpd / ft²

Water Supply: ☐ Individual ☐ Community ☑ Public county water

Septic Tank: 1000 Gallons; STB 782 Date 10-21-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 5 Trench Width 36" Trench Depth 18"-30" Gravel Depth 12"

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

System Description: conventional, gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other System sized for 3 bedroom.

No. Bedrooms 3 No. Bathrooms 1 No. Employees —

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☐ Yes ☑ No

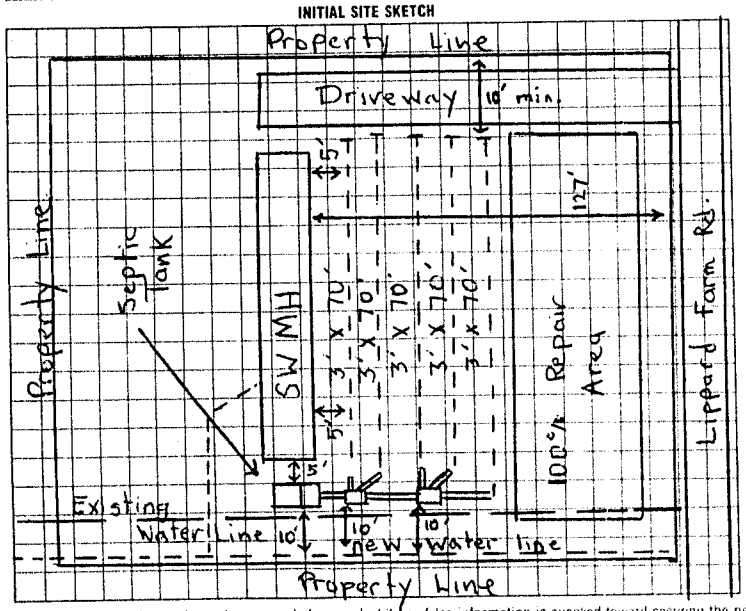
Auto. Washing Machine: ☐ Yes ☐ No

Other _____

☐ Basement wo/plumbing

Comments INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep Nitrification lines on contour, keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. Move existing water line so that it is 10' from septic system. 100% Repair Area below system, conventional, gravity feed

INITIAL SITE SKETCH



AS-BUILT SKETCH

SAME AS INITIAL 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: X Roger Duke

Improvement Permit by: Michael J. Dennis date 8-11-93

Existing System Inspection by: _____ date _____

Installed by Sammy Reavis

Certificate of Completion by Michael J. Dennis date 2-8-94

Operation Permit by _____ date _____

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