49189

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. 17310 DATE 10-26-93 TAX MAP NO. 8M-A-16 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Michael & Celena Borders PHONE: Business _____ Home 872-3305

ADDRESS Rt. 6, Box 25 Statesville, N.C. 28677

LOCATION I40W TR Old Mtn. Rd. TR Island Ford Rd TL Lippard Farm Rd 1st MH on R past Odell's Garage.

SUBDIVISION NA BLOCK / SECTION _____ LOT — LOT AREA ±47 acres SITE CLASS Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: Existing ~~Gallons: STB~~ ~~Date →~~

Pump Tank: _____ Gallons: PT _____ 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

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

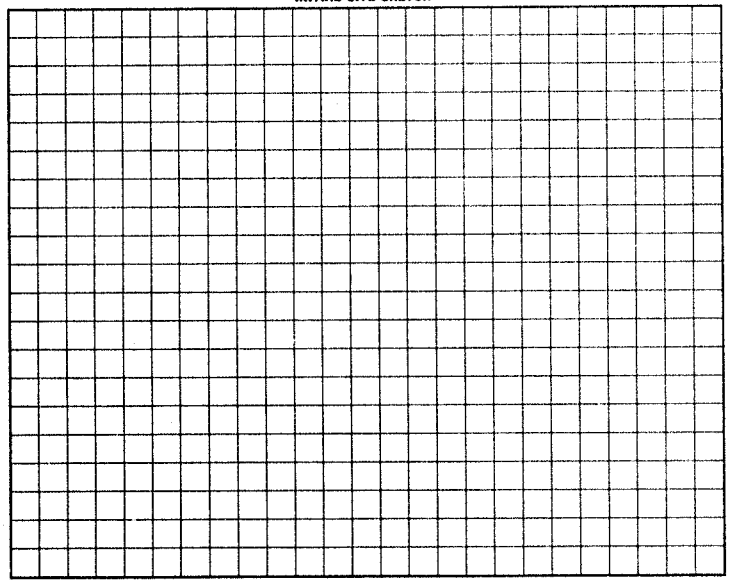
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

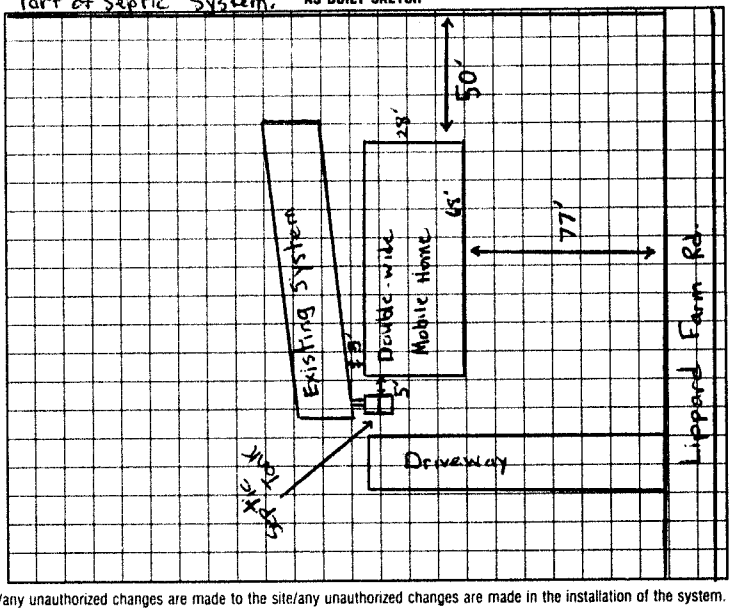
Comments:

Comments: Keep Home min. 5' from any part of septic system. Home not located at time of inspection. System appears to be saturated but is not surfacing or backing up. Repairs may be needed in future. Keep water line 10' from any part of septic 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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael L. Dennis date 10-26-93

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