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. 19642 DATE 11-2-94 TAX MAP NO. 84-A-22 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Joan Daniels PHONE: Business _____ Home 873-6454

ADDRESS Rt. 8, Box 372 Statesville, NC. 28677

LOCATION I40W TR Old Mtn. Rd. TR Massey Deal Rd. TL Sides Lane. Lot at end on L

SUBDIVISION NA BLOCK / SECTION NA LOT NA LOT AREA .68 acres 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 Inspection

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Abandoning Existing 6 Bedroom House. Setting up 2 Bedroom SW MH. There are at present 2 Homes on one septic system. There will still only be 2 home on one system after completion. Disconnect water and sewage drain to and from existing house to be abandon. Home to be abandoned **AS BUILT SKETCH** allowed no occupancy.

INITIAL SITE SKETCH

Home owner given options of;

① Tieing into existing system.

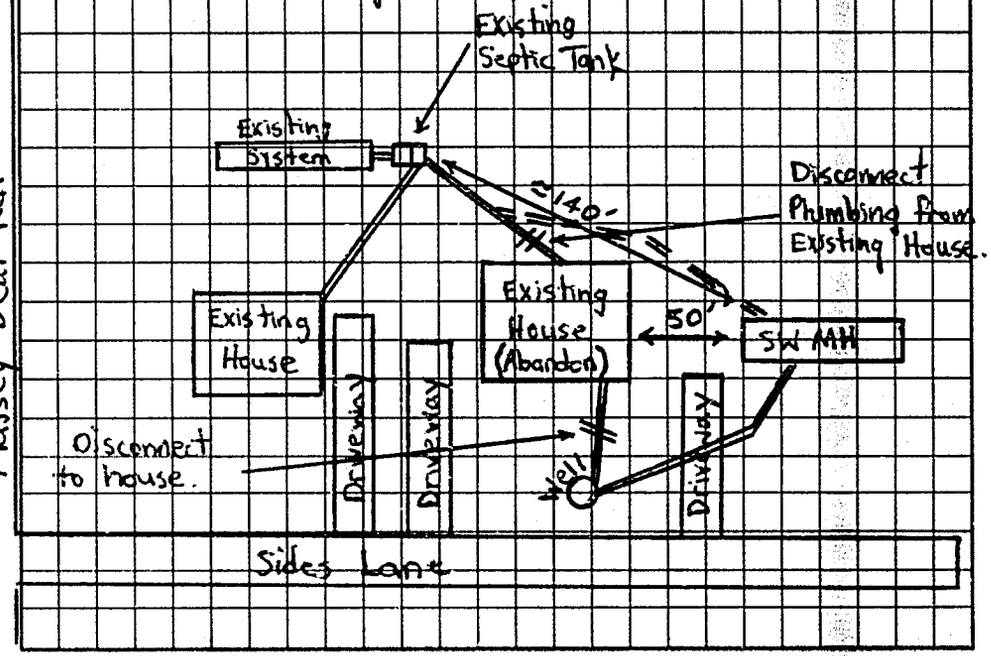
② Installing seperate system for new home.

I recommend to install new septic system for new home but did not require she chose option #1

- Building inspection requires ¼" of fall per ft of 4" schedule 40 PVC, and clean outs every 50'. (per-Lynn Neblock)

Massey Deal Rd.

System shows no visible signs of malfunction at time of inspection. Drain lines were too deep to probe. Sewage characteristics have not changed and in fact have been reduced.



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 D. Dennis date 11-2-94 Operation Permit by: _____ date _____

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