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. 070890 DATE 12-9-97 TAX MAP NO. 4705207085 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Edward Mack Chapman PHONE: Business _____ Home _____

ADDRESS 144 Street Rod Loop Statesville NC

LOCATION I40 TR Oilmtn Rd on Right After Alpine Circle

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.78 SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

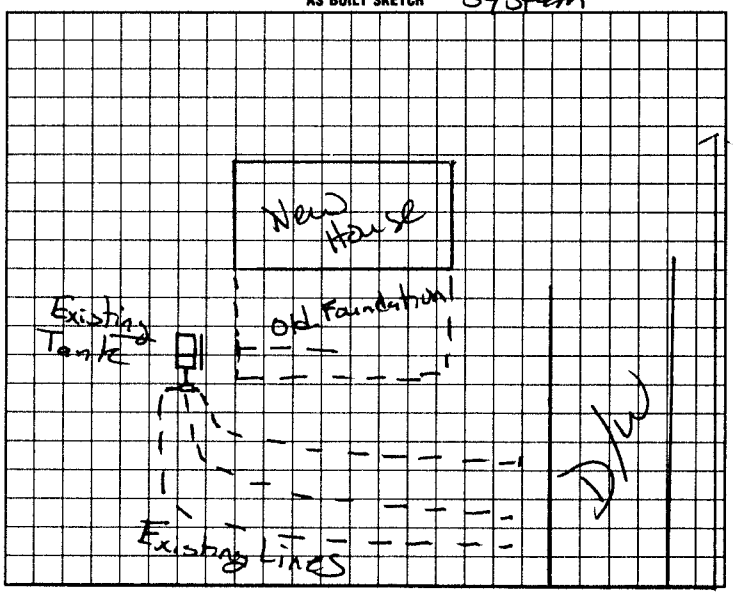
Septic Tank: _____ Gallons; STB _____ Date _____	☐ New System ☐ Repair System Type: I, II, III, IV, V, VI	☒ House/Mod. Home No. Bedrooms 3	Water Supply:
Pump Tank: _____ Gallons; PT _____ Date _____	System Description: _____	☐ Mobile Home No. Bathrooms 2	☐ Individual
Pump Make: _____ Model _____ Serial No. _____	Repair System Description: _____	☐ Business No. Employees _____	☐ Community
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____	Maintenance Agreement Required: ☐ Yes ☐ No	☐ Other _____	☒ Public
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____	☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing		

Comments:

Comments:
Existing System Check
Keep Footers/Foundation 5ft from 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 Edward Mack Chapman

Improvement Permit by: _____ date _____

Existing System Inspection by: Mark C. Oates date 12-9-97

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