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. 23726 DATE 5-15-96 TAX MAP NO. 8T-A-28 Watershed: ☐ Yes ☒ ~~No~~

OWNER OR CONTRACTOR NICOLE BARFIELD PHONE: Business _____ Home 585-9057

ADDRESS 141 RITA GAIL ROAD STATESVILLE, NC 28677

LOCATION NC 90 W, TL LIPPARDS FARM RD, TR MASSEY DEAL RD, TL HORSESHOE LOOP (1ST), BEFORE CURVE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.5 ACRES SITE CLASS. PS DESIGN FLOW 240 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 1 Square Feet _____ Linear Feet EXISTING

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: CONV. GRAVITY

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

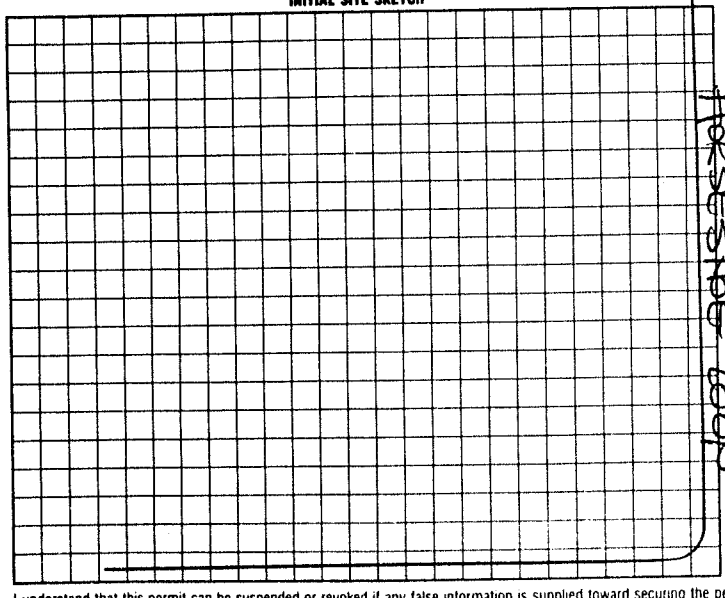
Water Supply: ☒ ~~Individual~~ ☐ Community ☐ Public WELL

LOT ON LEFT

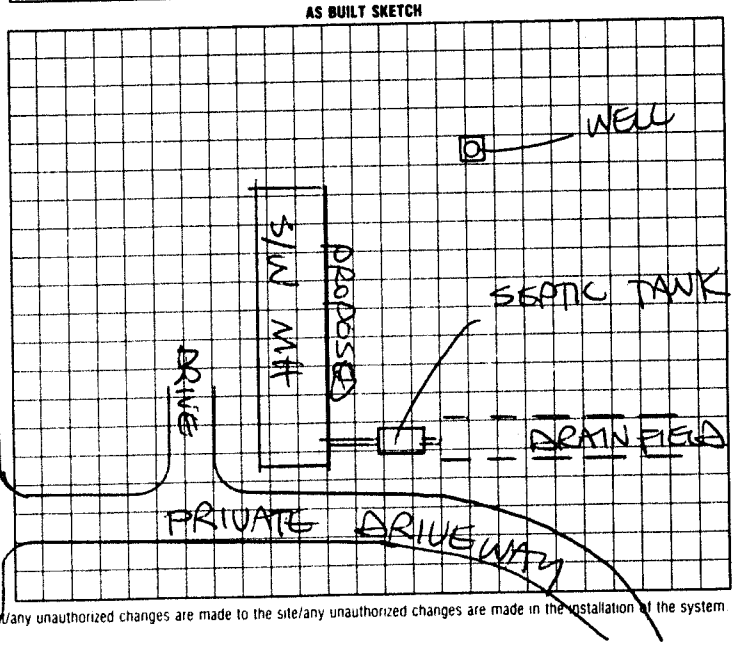
Comments:

Comments:

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

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: STEVE HENDRICK date 5-15-96

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