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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. 19624 DATE 10-31-94 TAX MAP NO. Pt. of 8T-A-1 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Kay Ervin PHONE: Business 873-7476 Home

ADDRESS Rt. 14, Box 244, Statesville N.C. 28677

LOCATION I-40W TR Old Mtn. Rd. TR Massey Deal Rd. Lot on L near end.

SUBDIVISION Flint Ridge 2ND BLOCK / SECTION LOT 7 LOT AREA .6 acre SITE CLASS. P.S. DESIGN FLOW 360. L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 11-23-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24 Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V

System Description: conventional, gravity fed

Repair System Description: conventional, gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

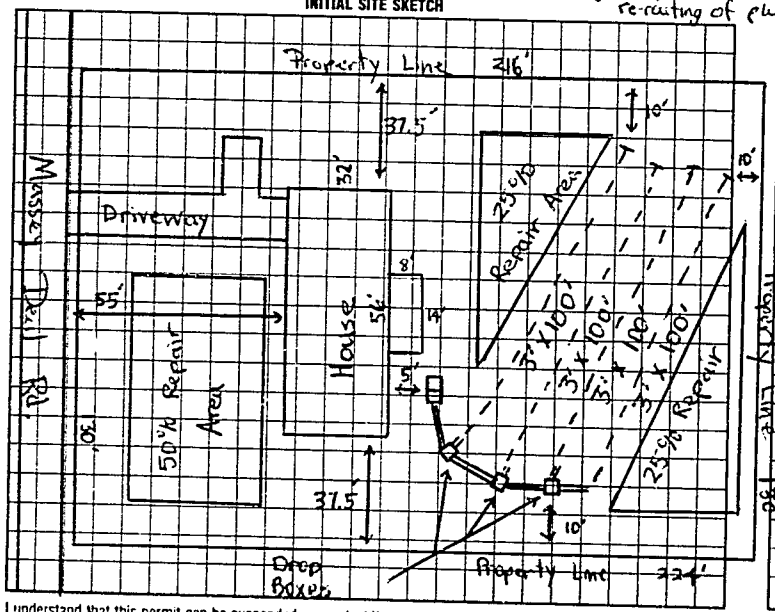
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

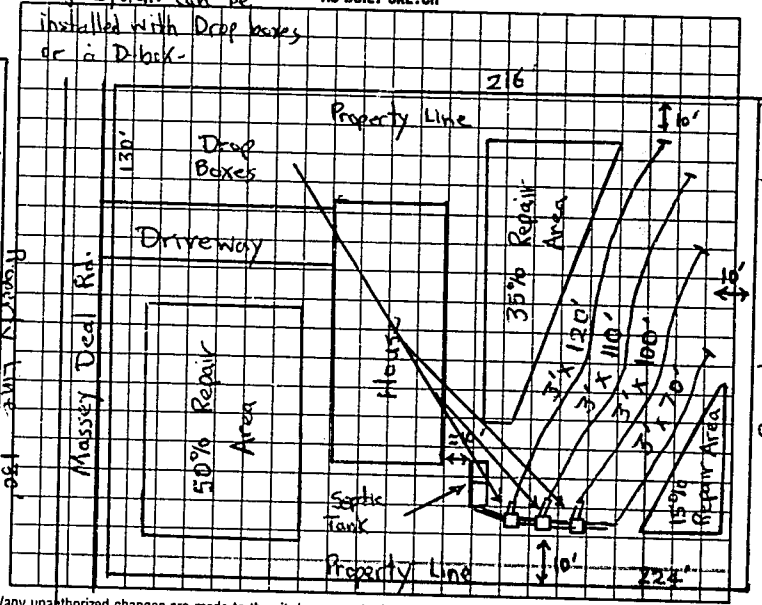
Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines and trenches on contour Keep system 5' from foundation of home, 10' from all property lines, and 10' from any water line 100% Repair Area. conventional, gravity fed with re-routing of plumbing. System can be installed with Drop boxes or a D-box.

Comments: Keep water line 10' min 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: [signature]

Improvement Permit by: Michael J. Dennis date 10-31-94

Existing System Inspection by: _____ date _____

Installed by: Richard Liggard.

Certificate of Completion by: Michael J. Dennis date 2-24-95

Operation Permit by: _____ date _____

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

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