49909

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. 17634 DATE 12-29-93 TAX MAP NO. 9E-A-8 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Terri Auton PHONE: Business _____ Home 871-8039

ADDRESS Rt. 13 Box 75-A Statesville, N.C. 28677

LOCATION I40W TR Old Mtn. Rd. TL Lippard Farm Rd. after a right on Island Ford Rd. MHP on R, Lot 5th on R.

SUBDIVISION Roseman MHP BLOCK / SECTION _____ LOT K LOT AREA _____ SITE CLASS Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing 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 System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☑ Other 2 SW MH's on 1 system

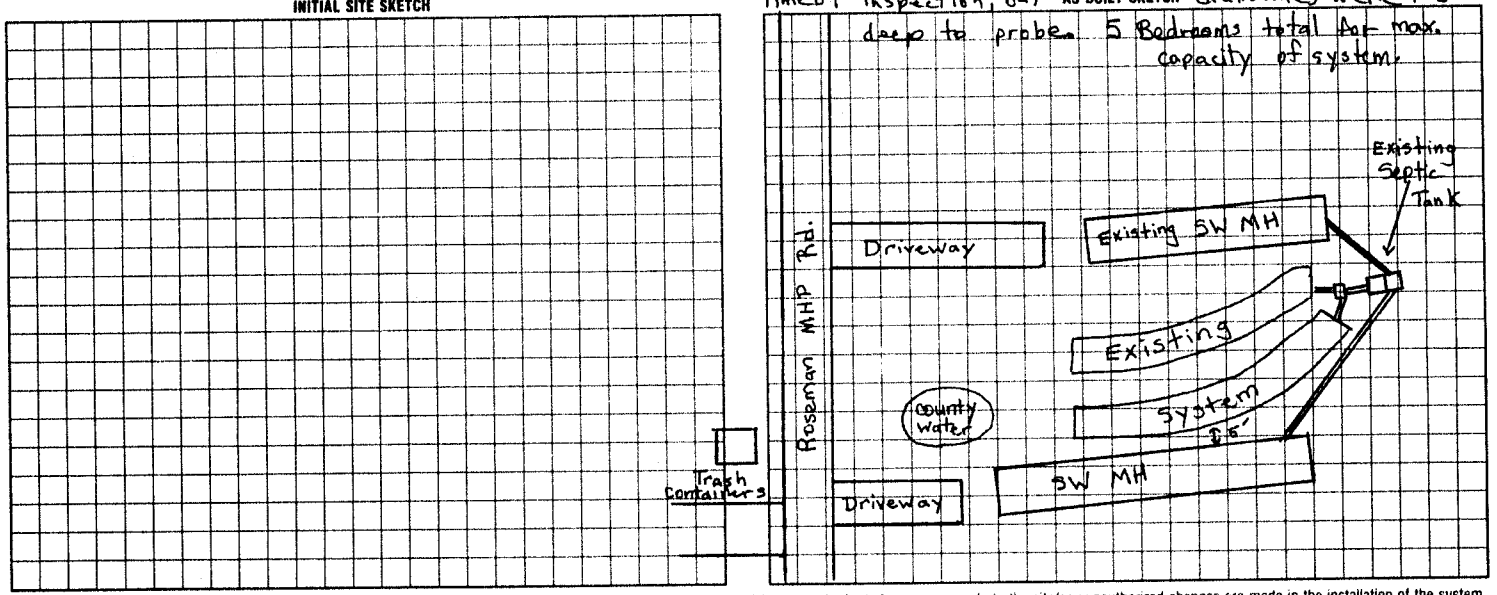
Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

Comments: 3 Bedroom SW MH replacing a 3 Bedroom SW MH. Keep home min. 5' from any part of septic system. Home not set up at time of inspection. System shows no visible signs of malfunction at time of inspection, but drain lines were too deep to probe. 5 Bedrooms total for max. capacity of 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 D. Dennis date 12-29-93

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