REDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Repair DATE 2-13-95 TAX MAP NO. Repair Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Patsy Holthouser PHONE: Business _____ Home 876-6174

ADDRESS 303 Gray St. Statesville, N.C 28677

LOCATION I-40 W TR Hwy 90 TL Lippard Farm Rd TR Happy Acres 3rd MH on R

SUBDIVISION Happy Acres BLOCK / SECTION _____ LOT 3 LOT AREA 100' X 176' SITE CLASS. Repair DESIGN FLOW 240 L.T.A.R. Repair

Septic Tank: Existing Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 2 Square Feet 600' Linear Feet 200'

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: conventional, gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12"

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

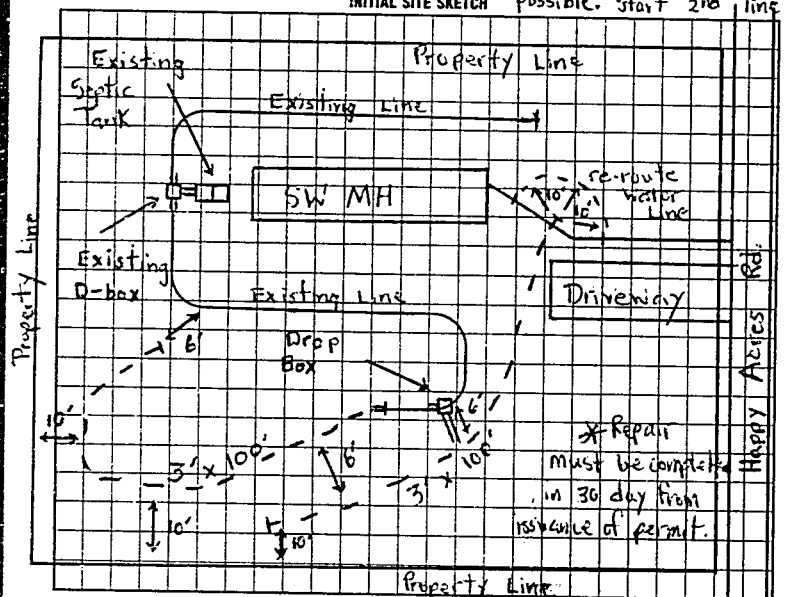
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

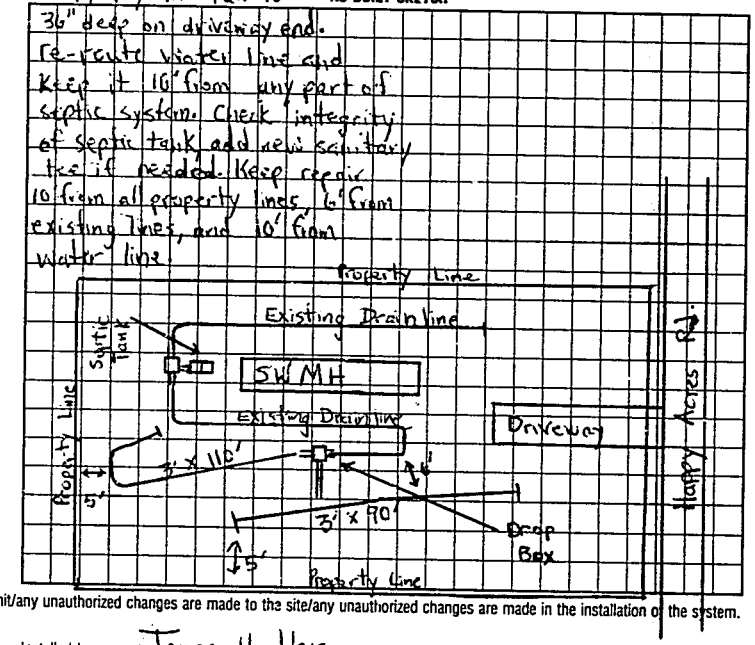
Comments: Install drop box in low area on line, add to existing drain line 100'. Keep repair on same grade. End of line may be a little deep due to running into grade. Install 2nd repair line out of box and keep as close to contour as possible. Start 2nd line 24" deep, they will run to 36" deep on driveway end.

Comments: Shower broke in house, fix leak. New sanitary tee installed in septic tank.

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: Michael G. Dennis date 2-13-95

Existing System Inspection by: _____ date _____

Installed by: James Hudler

Certificate of Completion by: Michael G. Dennis date 3-20-95

Operation Permit by: _____ date _____

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