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. 22757 DATE 11-29-95 TAX MAP NO. 9J-1-A-61 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Kelli Hager Cash PHONE: Business _____ Home 872-9275

ADDRESS 1670 East Broad St. No. 301 Statesville, N.C. 28677

LOCATION I40 W TR Hwy 90 TR Scottsview Dr TL Vine Wood Dr. Lot on L in front of White Barn. 1st ~~Trailer~~ on L

SUBDIVISION St. Clairs MHP BLOCK / SECTION – LOT 10 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 System Serial No. Inspection

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: Inspection

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

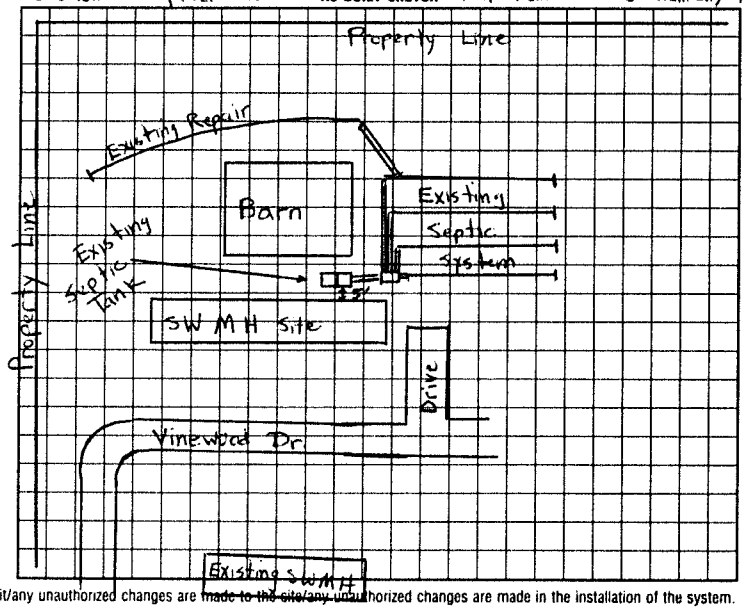
Comments: Lot 10 3/18/94
Edward St Clair

Comments: Moving on 3 Bedroom SW MH onto existing lot. System is sized large enough to accumulate a 3 Bedroom Home. System was repaired on 3-16-94. System shows no visible signs of malfunction at time of inspection. Place SW in same location as prior home. Keep home min. 5' from any part of septic system.

INITIAL SITE SKETCH

* Lot vacant at time of Inspection

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: Michael J. Cannon date 11-29-95

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