IREDELL COUNTY HEALTH DEPARTMENT

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

52121

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

PROPERTY DESCRIPTION NO. 19103 DATE 6/28/94 TAX MAP NO. 9F-3-A-24 Watershed: ☐ Yes ☒ No

~~OWNER~~ OR CONTRACTOR TONY BREWER PHONE: Business _____ Home 872-6023

ADDRESS 166 SHILOH RD, STATESVILLE, NC 28677

LOCATION NC 90 W, TR SCOTTS CREEK RD, TR DELLA LANE, LOT AT SOUTH EAST CORNER OF MOBEAL LN,

SUBDIVISION LARKIN SLOAN BLOCK / SECTION _____ LOT 24 LOT AREA ~169 x 249' SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7/10/94

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 18-36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

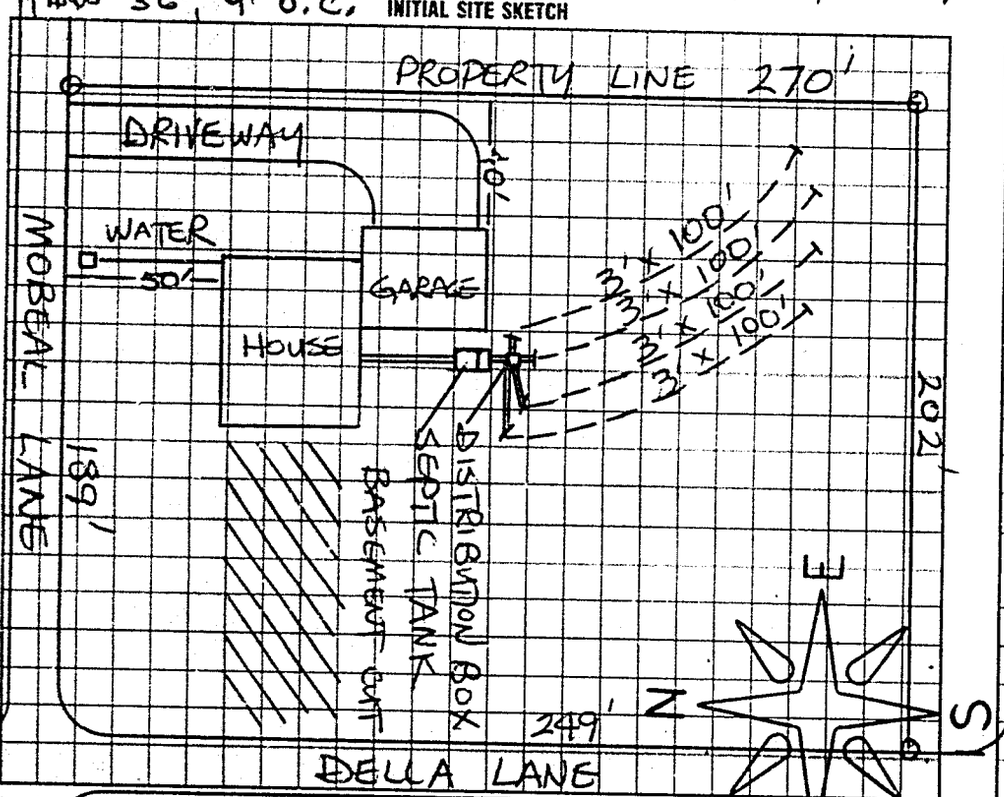
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

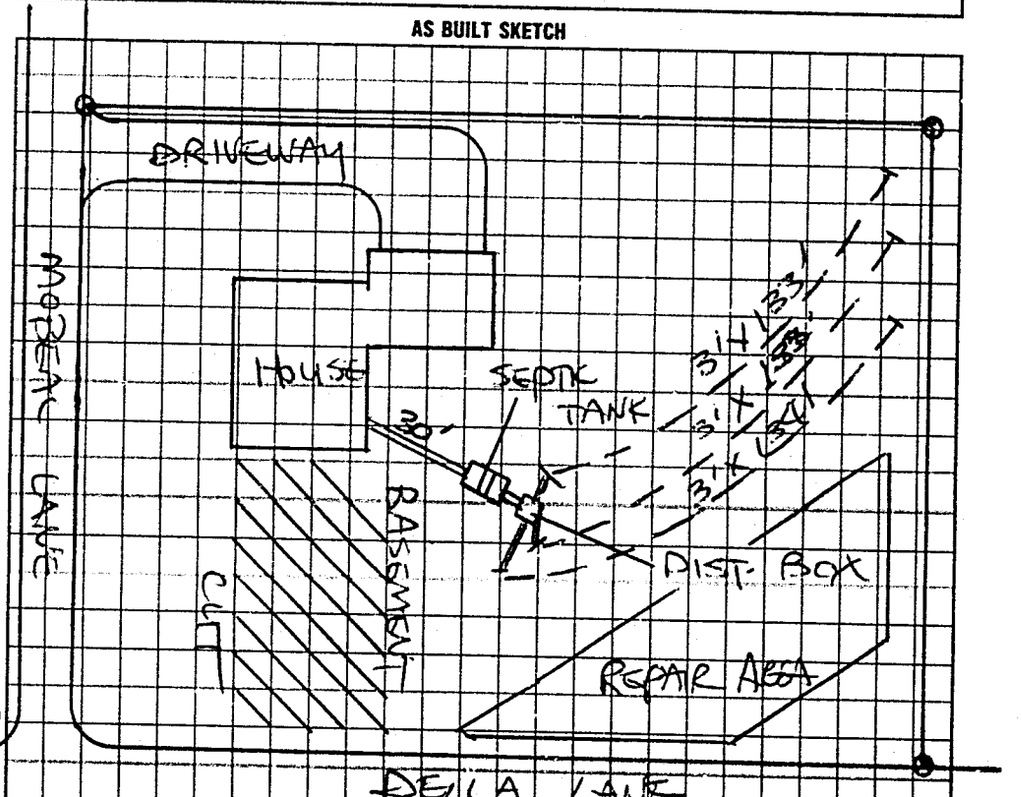
Comments: (1) PLUMBING FROM BASEMENT TO BE LIFTED VIA GRINDER PUMP INSIDE HOUSE (2) KEEP SYSTEM MIN. 5' FROM HOUSE 15' FROM BASEMENT WALL, 10' FROM PROPERTY LINE (3) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' O.C.

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: X Tony Brewer

Improvement Permit by: STEVE HERRICK date 6/28/94

Existing System Inspection by: _____ date _____

Installed by: KENNY PEARSON

Certificate of Completion by: STEVE HERRICK date 10/6/94

Operation Permit by: _____ date _____

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