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. 17006 DATE 9-16-93 TAX MAP NO. 3Q-A-6 Pt. of

OWNER OR CONTRACTOR Ola Mae Caskaddon PHONE: Business Home 528-5684

ADDRESS Rt. 14 Box 400 Statesville, N.C. 28677

LOCATION I-40W TL Old Mtn. Rd. TR Buffalo Shoals Rd TR Troutman Shoals Rd. TL where Rd forks Lot behind 1st MH on L.

SUBDIVISION N/A BLOCK / SECTION LOT LOT AREA 2.542 acres SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Share with existing SW MH

Septic Tank: 1000 Gallons; STB 1012 Date 6-26-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230'

No Lines 2 Trench Width 36" Trench Depth 18"-30" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 1 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

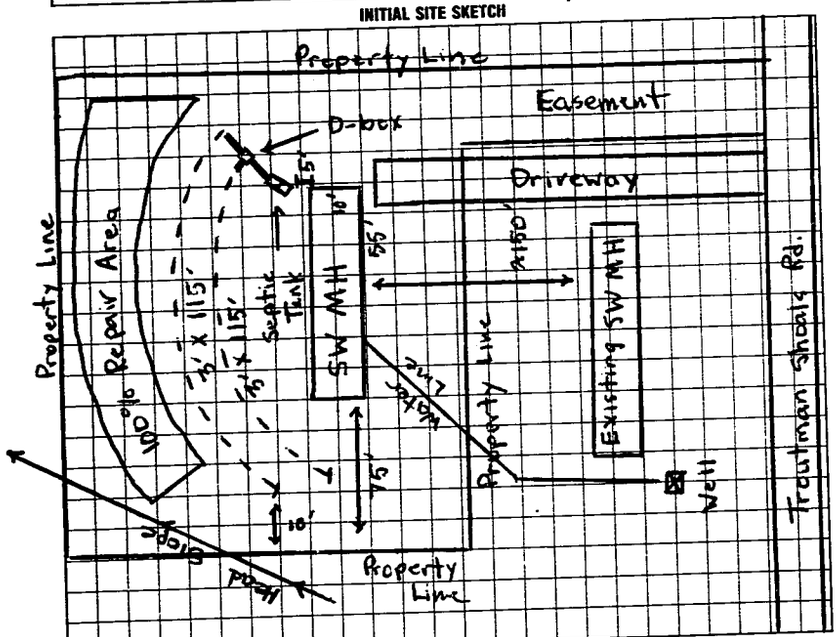
Auto. Washing Machine: ☑ Yes ☐ No

Other

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

Comments INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep Nitrification Lines on Contour, Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. Keep drainlings 10' from head Slope 100% Repair Area below system, conventional, gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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: Ingrid Cockaday

Improvement Permit by: Michael J. Dennis date 9-16-93

Existing System Inspection by: date

Installed by: Forest Shuford

Certificate of Completion by: Michael J. Dennis date 10-7-93

Operation Permit by: date

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