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. 16863 DATE 8-30-93

OWNER OR CONTRACTOR James Michael Daniels PHONE: Business TAX MAP NO. 3Q-2-A-4.

ADDRESS Rt. 14, Box 259L Statesville, NC. 28677 Home 528-9602

LOCATION I-40W TL on Mtn. Rd. TR Buffalo Shoals Rd. TR Backcreek Rd. 3rd house on L

SUBDIVISION Shafford Estates BLOCK / SECTION LOT 3 LOT AREA 4.81 Acres SITE CLASS. P.S. L.T.A.R. Existing

Water Supply: ☑ Individual ☐ Community ☐ Public well

Septic Tank: 1000 Gallons; STB 794 Date 8-3-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields Existing Square Feet Linear Feet

No Lines Trench Width Trench Depth Gravel Depth

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

System Description:

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☒ Other Adding 1 Bedroom 1 bathroom. Making existing bedroom bonus room

No. Bedrooms 3 No. Bathrooms 3 No. Employees

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

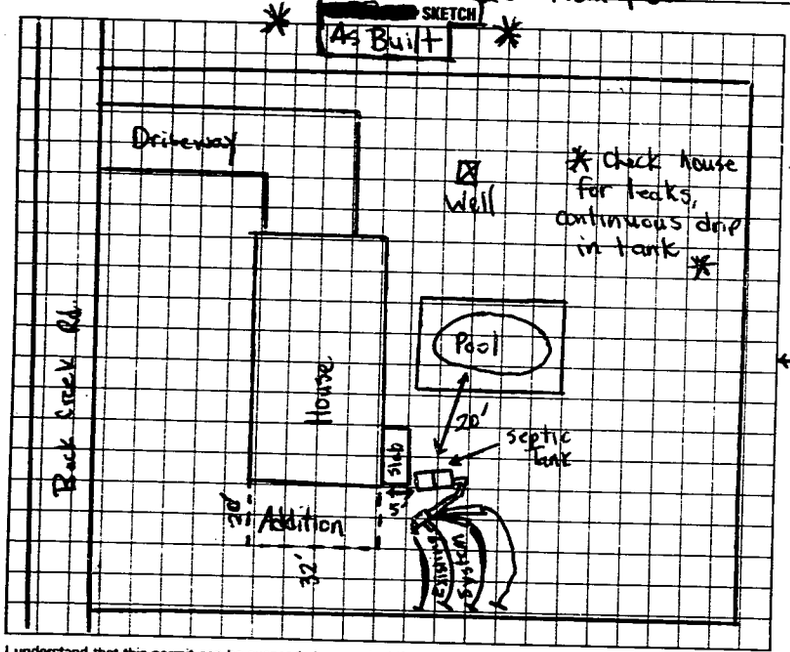
Auto. Washing Machine: ☑ Yes ☐ No

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

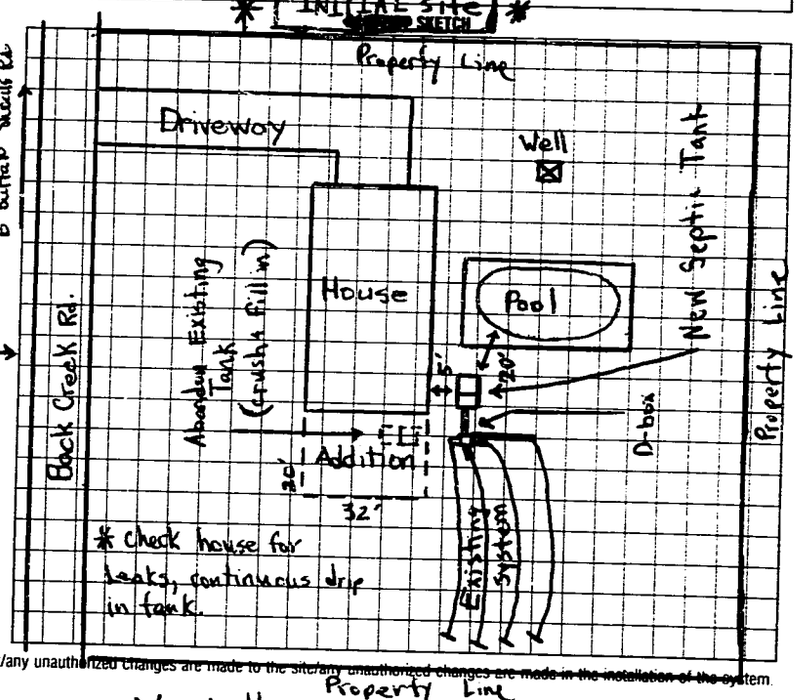
Comments Adding 1 Bedroom, 1 bath, converting 1 existing bedroom to bonus room = total 3 bedroom 3 bathrooms. √ Abandon existing septic tank, crush and fill in, Install new tank keeping it 5' from foundation of home, 20' from pool.

SKETCH

As Built



INITIAL site 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: James Michael Daniels

Improvement Permit by: Michael J. Dennis date 8-30-93

Existing System Inspection by: date

Installed by: Wes Lytton

Certificate of Completion by: Michael J. Dennis date 9-13-93

Operation Permit by: date

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