IREDELL COUNTY HEALTH DEPARTMENT

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

48431

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

PROPERTY DESCRIPTION NO. 15894 DATE 10-12-93 PHONE: Business Home 528-4647

TAX MAP NO. 3Q-8-10

OWNER OR CONTRACTOR Angela St.Clair

ADDRESS Rt. 14 Box 257A Statesville, N.C. 28677

LOCATION I-40 W Tl old Mtn. Rd. TR Buffalo Shoals Rd. Leton R before Eufola Rd. (W.B Ballard on Mail Box.)

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

Water Supply: ☑ Individual ☐ Community ☐ Public Share well with house

Septic Tank: 1000 Gallons; STB 1012 Date 8-11-93

Pump Tank: — Gallons; PT — Date —

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

No Lines 3 Trench Width 36" Trench Depth 8"-24" 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 This permit voids permit issued 3-8-93

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

Garbage Disposal: ☐ Yes ☑ No

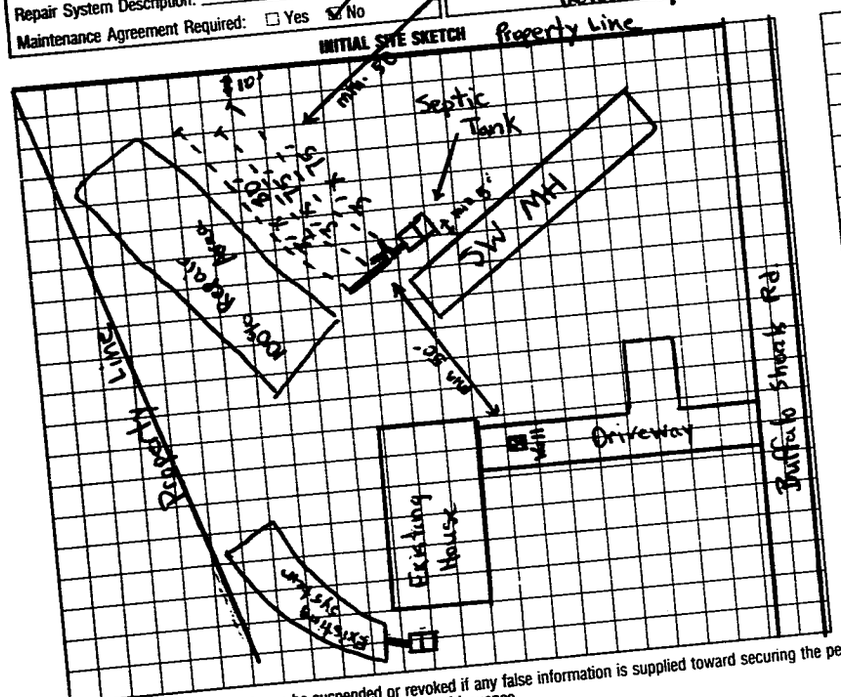
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

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

Comments INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) keep Nitrification lines on contour. Keep system 5' min. from foundation of home, 10' from all property lines, and min. 50' from any well. 100% Repair Area below system, conventional, gravity fed. Abandon existing system, fill in old septic tank.

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: Angela St. Clair

Improvement Permit by: Michael L. Dennis date 10-12-93

Existing System Inspection by: date

Installed by: AAA Enterprises

Certificate of Completion by: Michael L. Dennis date 10-13-93

Operation Permit by: date

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