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. 06697 DATE 6/23/97 TAX MAP NO. 4713450400 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Iredell Board of Education PHONE: Business 873-3682 Home Lisa Pa

ADDRESS PO Box 709 Statesville NC 28687

LOCATION Celeste Henkel School, Old Mountain / Celeste Ext Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Ex (S) Gallons; STB _____ Date _____

Pump Tank: Ex (S) Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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: Ex (S)

Repair System Description: Ex (S)

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☑ Other Mobile Classrooms

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

Water Supply:
☐ Individual
☐ Community
☑ Public Pitt Well

Comments: 1 New, 6 Relocated Mobile Classrooms added to exist'g septic system

Comments:

INITIAL SITE SKETCH

AS BUILT SKETCH

System Shows No Sign of Malfunction on Date of Inspection. Location of Mobile Units Should not interfere w/ system function

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date 6/23/97

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