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. 14636 DATE 10-25-93 TAX MAP NO. 8K-2-B-36 + 35 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Marshall Ross PHONE: Business _____ Home 872-3689

ADDRESS Rt. 16 Box 450-B Statesville, N.C. 28677

LOCATION I40W Tl old Mtn. Rd. TL Belinda Loop. 2nd house on R.

SUBDIVISION Bethlehem Groves BLOCK / SECTION _____ LOT 35+36 LOT AREA 200' x 200' SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .4 gpd/ft²

Septic Tank: 1250 Gallons: STB 564 Date 6-16-93

Pump Tank: — Gallons: PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet 300'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: conventional gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees —

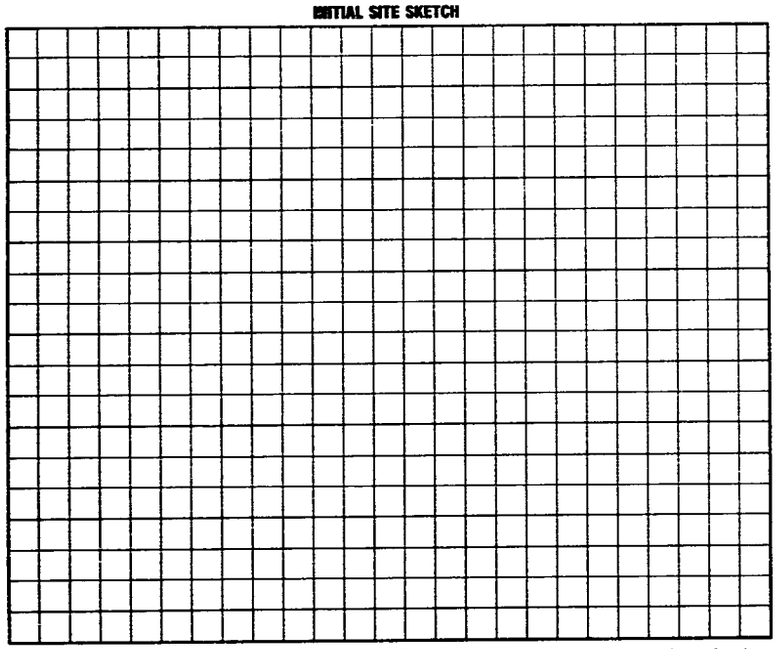
☐ Other _____

Water Supply: ☐ Individual ☐ Community ☑ Public

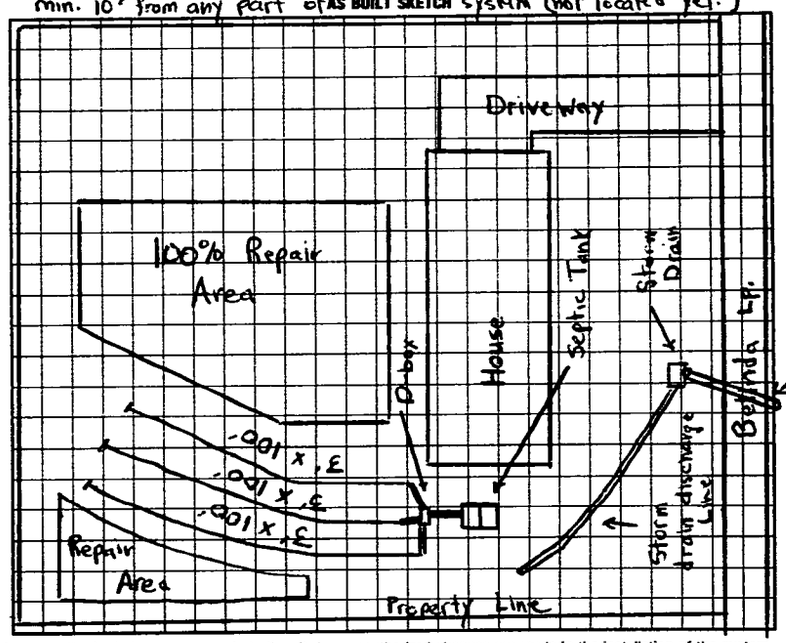
Comments:

Comments: Gutter drains, landscape problems and Storm drain problems on lot. Recommended that these problems be taken care of. These were not addressed on permit. 100% Repair shown on permit given at time of permit. (5-18-92) Keep water line min. 10' from any part of system (not located yet.)

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: _____

Improvement Permit by: Steve Brown date 5-18-93

Existing System Inspection by: _____ date _____

Installed by: Tommy Cothren's Backhoe

Certificate of Completion by: Michael G. Dennis date 10-25-93

Operation Permit by: _____ date _____

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