IREDELL COUNTY HEALTH DEPARTMENT

~~Not located~~

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

1:30

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

PROPERTY DESCRIPTION NO. 17236 DATE 10-12-93 TAX MAP NO. 8K-8-A-48

OWNER OR CONTRACTOR Terry King PHONE: Business _____ Home 872-3723 Watershed: ☐ Yes ☑ No

ADDRESS 749 Stonecrest Loop. Statesville, N.C. 28677

LOCATION I40W Tl Old Mtn. Rd. Tl Bethlehem Rd Tl Austin Lane TR Sonja Dr. 6th Lot on R

SUBDIVISION Mt. Rd. Village BLOCK / SECTION _____ LOT 48 LOT AREA 200' x 110' SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 8-13-93

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 18"-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

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

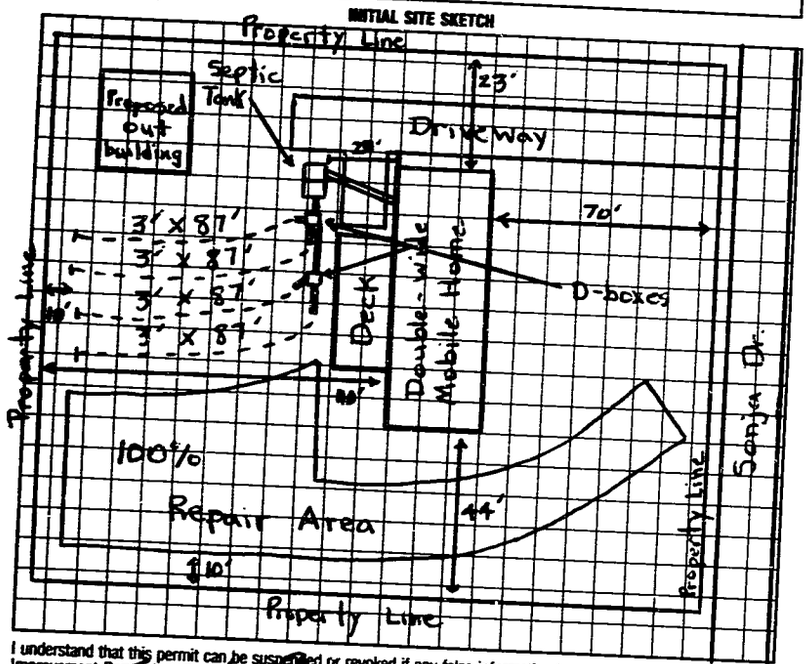
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

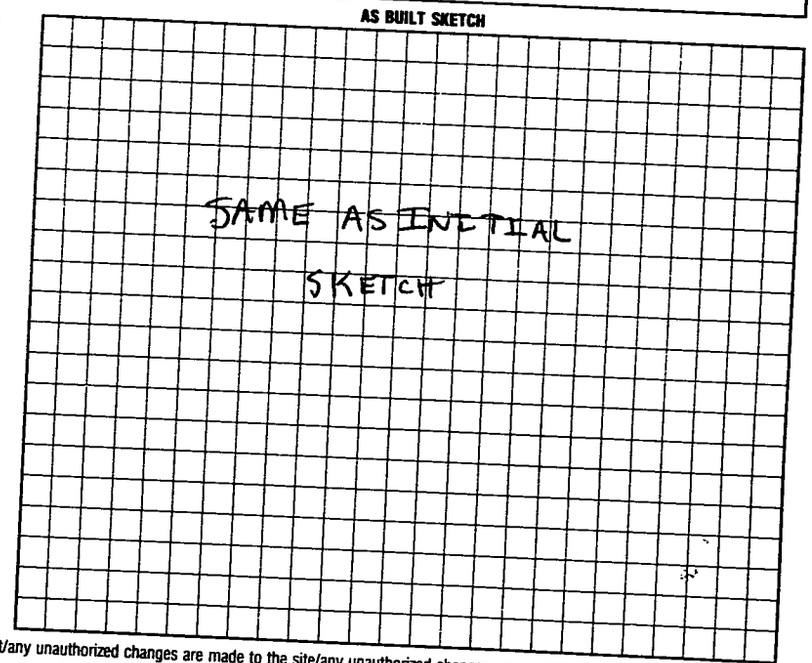
Comments: Keep Nitrificatoin Lines on contour. Keep system min. 5' from foundation of home, 10' from all property lines, and 10' from water line. 100% Repair Area below system, conventional, gravity fed.

Comments: Double-wide M.H. not on lot at time of inspection. KEEP Home min. 5' from any part of septic system. 100% Repair Area below system, conventional, gravity fed

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: X Terry L. King

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

Existing System Inspection by: _____ date _____

Installed by: Tommy Cothren

Certificate of Completion by: Michael J. Dennis date 10-18-93

Operation Permit by: _____ date _____

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