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. 17897 DATE 3-4-94 TAX MAP NO. 8k-8

OWNER OR CONTRACTOR Vincent Bolton PHONE: Business Watershed: ☐ Yes ☑ No

ADDRESS Rt. 2 Box 397 Statesville, N.C. 28677 Home 876-6603

LOCATION I40W TL Old Mtn. Rd. TL Bethlehem Rd TL Austin Lane TR Sonja Dr. Lot near end on L

SUBDIVISION Mtn. Rd. Village BLOCK / SECTION — LOT 60 LOT AREA 100' x 250' SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd / Ft²

Septic Tank: 1000 Gallons; STB 358 Date 2-3-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

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

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 fed

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

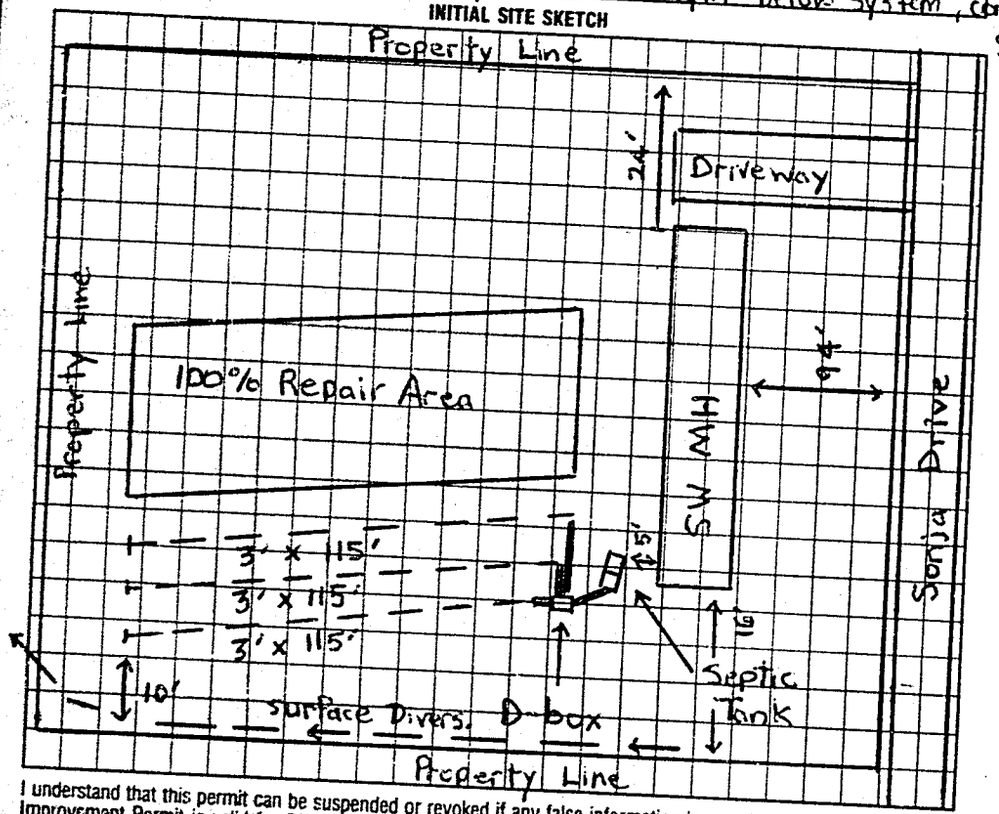
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: Install trenches and lines on contour. Keep system 5' from foundation of home, 10' from all property lines and 10' from water line. Create surface diversion ditch above and around septic system. 100% Repair below system, conventional, gravity fed.

Comments: 100% Repair below system, conventional gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL SKETCH

* Surface diversion not required. but reccommended. J.C. Moore

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: ~~Vincent Bolton~~

Improvement Permit by: Michael Q. Dennis date 3-4-94

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: Michael Q. Dennis date 3-8-94

Operation Permit by: _____ date _____

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