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. 17345 DATE 11-1-93 TAX MAP NO. 8K-8-A-50 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Ricky D. Massey PHONE: Business _____ Home 871-2097

ADDRESS 429 Wilson St. Statesville, N.C. 28677

LOCATION I40W TL Old Mtn. Rd. TL Bethlehem Rd TL Locke Dr. lot on R at corner of Locke Dr and Sonja Dr.

SUBDIVISION Mt. Rd. Village BLOCK / SECTION _____ LOT 50 LOT AREA 200' x 140' SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 358 Date 10-1-93
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'
No Lines 5 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: pump to conventional
Maintenance Agreement Required: ☐ Yes ☑ No

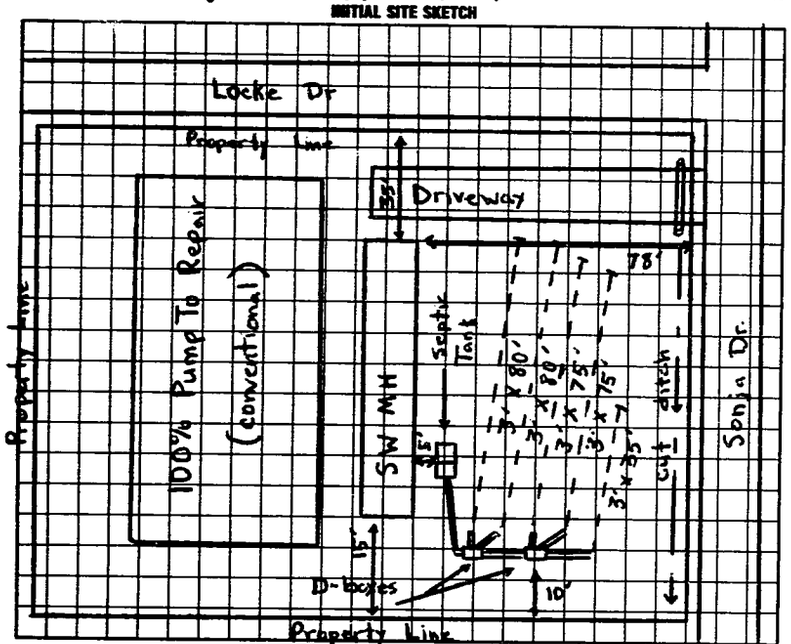
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees —

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

Water Supply: ☐ Individual ☐ Community ☑ Public

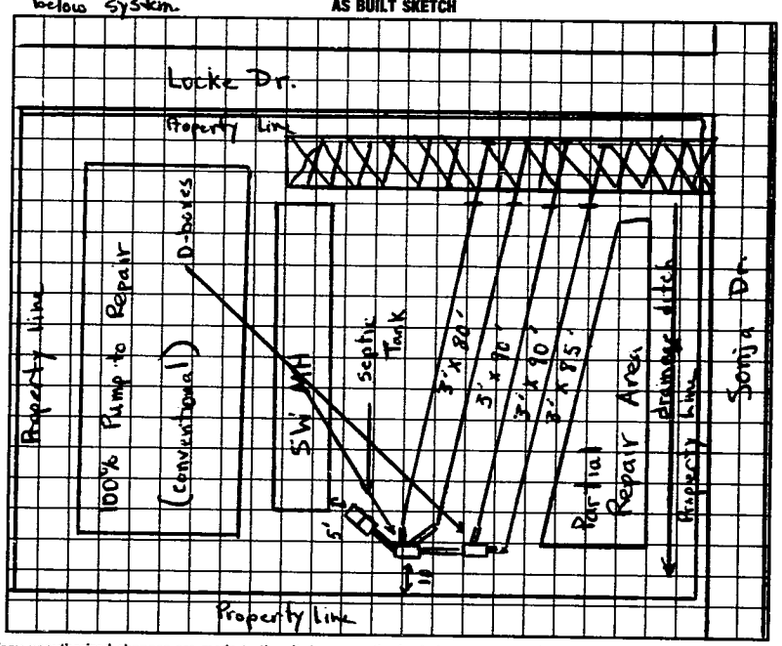
Comments: Keep Nitrification Lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. Cut drainage ditch at Sonja Dr. to allow proper surface drainage. 100% Pump to Repair (conventional) above home.

INITIAL SITE SKETCH



Comments: Home not located at time of inspection. Keep home min. 5' from any part of septic system. Water line also not installed, Keep it 10' from any part of septic system. 100% Repair Area above home pump to conventional, partial repair area below system.

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 Donna Hall

Improvement Permit by: Michael J. Dennis date 11-1-93

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: Michael J. Dennis date 11-2-93

Operation Permit by: _____ date _____

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