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. 18254 DATE 4-12-94 TAX MAP NO. 8K-8-A-53 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Donnie Walker PHONE: Business _____ Home 873-1481

ADDRESS Rt. 1 Box 285 Statesville, NC. 28677

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

SUBDIVISION Mt. Rd Village BLOCK / SECTION _____ LOT 15 LOT AREA 125' X 200 SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd / ft²

Septic Tank: 1000 Gallons; STB 194 Date 5-8-93

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 24" 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 ____

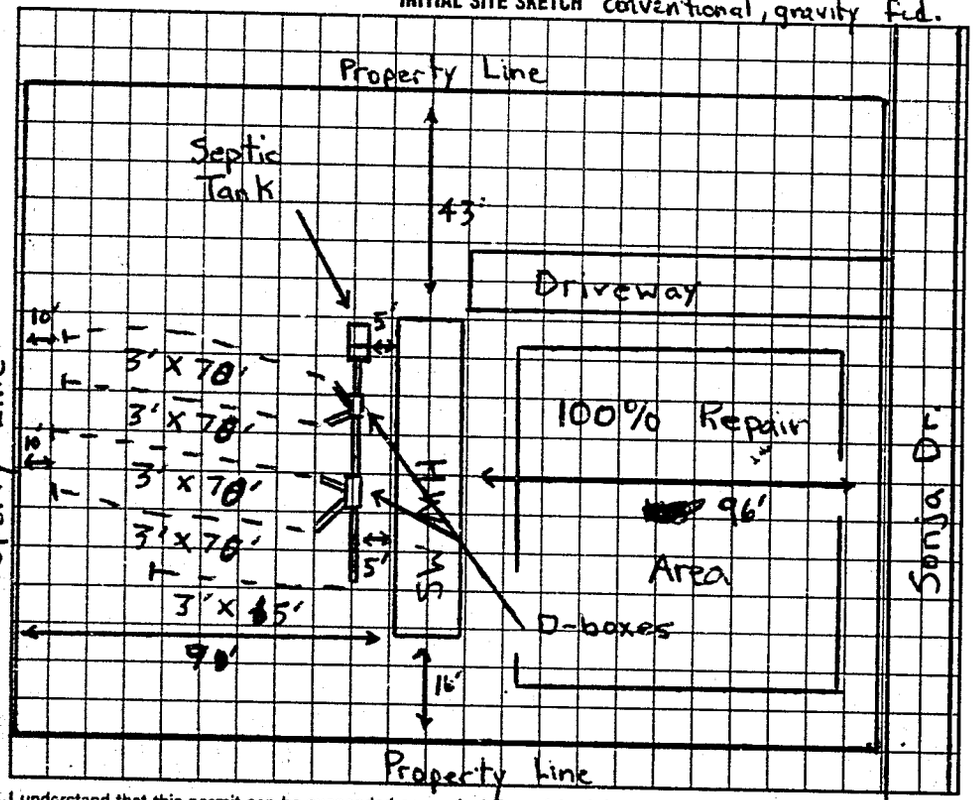
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep Nitrification lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. 100% Repair in front yard.

Comments: Home not located at time of inspection. Keep home min. 5' from any part of septic system. Keep water line 10' from any part of septic system.

INITIAL SITE SKETCH conventional, gravity fed.



AS BUILT SKETCH

SAME AS INITIAL 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 Donnie Walker

Improvement Permit by: Michael J. Dennis date 4-12-94

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: Michael J. Dennis date 4-22-94

Operation Permit by: _____ date _____

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