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. 16507 DATE 6-15-93 TAX MAP NO. 8K-8-A-55

OWNER OR CONTRACTOR Donna Nelson PHONE: Business Home 873-1481

ADDRESS

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

SUBDIVISION Mtn. Rd. Village BLOCK / SECTION LOT 55 LOT AREA SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☐ Individual ☐ Community ☑ Public County water

Septic Tank: 1000 Gallons; STB 7/R Date 4-14-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230'

No Lines 2 Trench Width 36" Trench Depth 30" 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 2 No. Bathrooms 1 No. Employees —

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

Garbage Disposal: ☐ Yes ☑ No

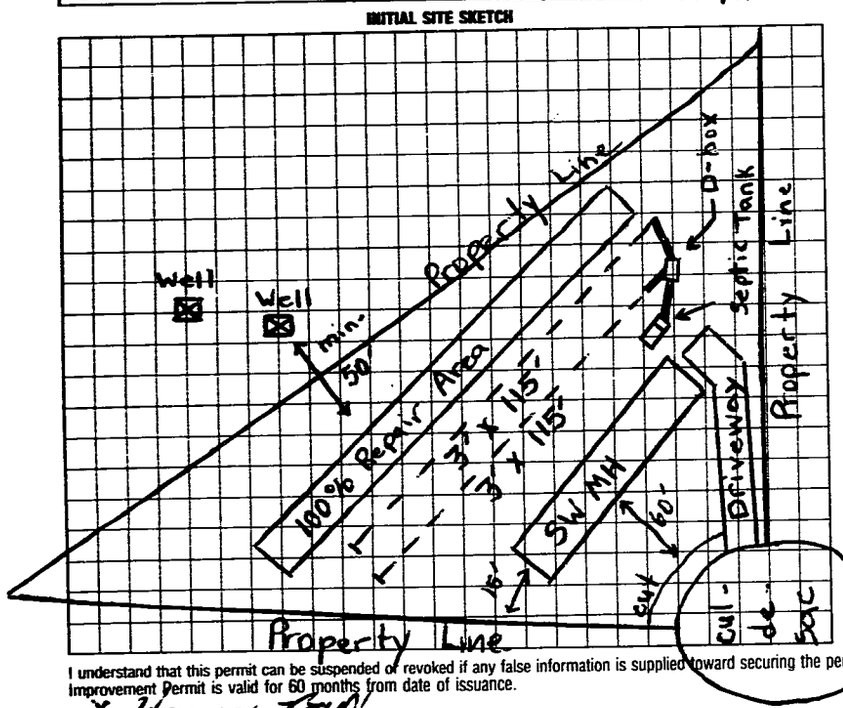
Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

Other

Comments Keep Nitrification Lines on contour, Keep system min. 5' from foundation of home, 10' from all property lines and 50' from any well. Keep water line 10' from any part of septic system. INSTALL SYSTEM NO DEEPER THAN 30" TO TRENCH Bottom. 100% Repair, Conventional, gravity fed.

INITIAL SITE SKETCH



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 Donna Nash

Improvement Permit by: Michael J. Dennis date 6-15-93

Existing System Inspection by: date

Installed by: A-1 Backhoe

Certificate of Completion by: Michael J. Dennis date 6-21-93

Operation Permit by: date

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