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. 18923 DATE 8-30-94 TAX MAP NO. Pt. of 8K-F-15 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR J. R. Padgette PHONE: Business _____ Home 881-0305

ADDRESS Rt 6 Box 317-B Statesville N.C. 28677

LOCATION I40W TL Old Mtn. Rd. TL Bethlehem Rd. TL Warren Rd. (past Mtn. Rd Village) 1st lot on R.

SUBDIVISION Conley Warren Prop. BLOCK / SECTION _____ LOT 1 LOT AREA 217' X 200' SITE CLASS P.S DESIGN FLOW 360 L.T.A.R. .35 gal/ft²

Septic Tank: 1000 Gallons; STB 794 Date 7-4-94
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 24"-30" 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 _____

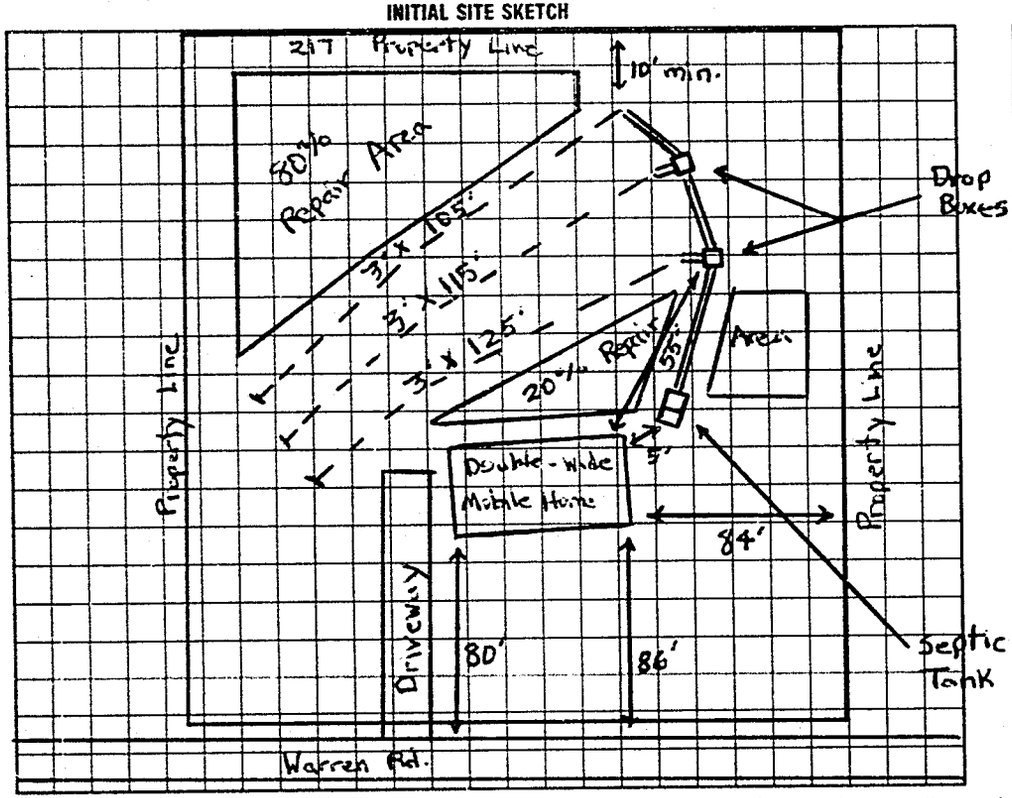
Water Supply: ☐ Individual ☐ Community ☑ Public

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

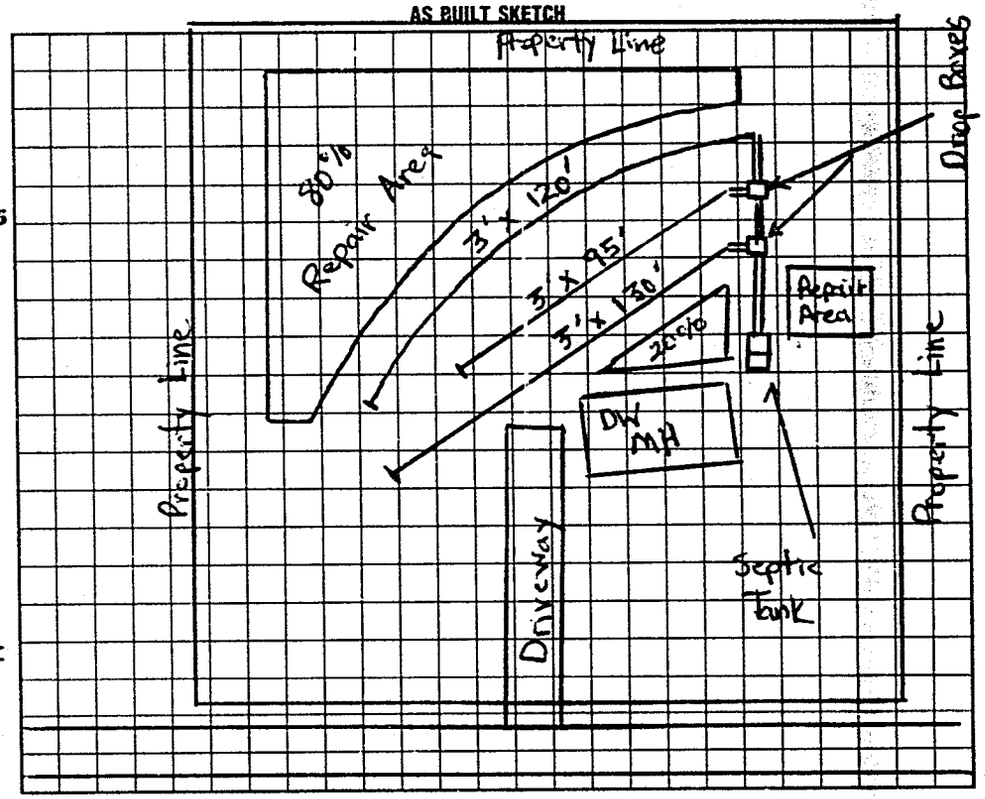
Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line 100% Repair above and below system, conventional gravity fed.

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

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: John B. Padgette

Improvement Permit by: Michael J. Dennis date 8-30-94

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: Michael J. Dennis date 8-31-94

Operation Permit by: _____ date _____

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

IS 8100