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. 17348 DATE 11-4-93 TAX MAP NO. 8L-A-25 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Elva Ellis PHONE: Business _____ Home 872-7287

ADDRESS Rt. 17 Box 7 Statesville, N.C. 28677

LOCATION IFDW TR Hwy 90 TL Island Ford Rd. 4th house on L after bridge

SUBDIVISION N/A BLOCK / SECTION _____ LOT — LOT AREA 3380'x400' SITE CLASS Existing DESIGN FLOW 360 I.T.A.R. Existing

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank: Existing Gallons: System Date →

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I. (II) III. IV. V. VI

System Description: _____

Repair System Description: Existing

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

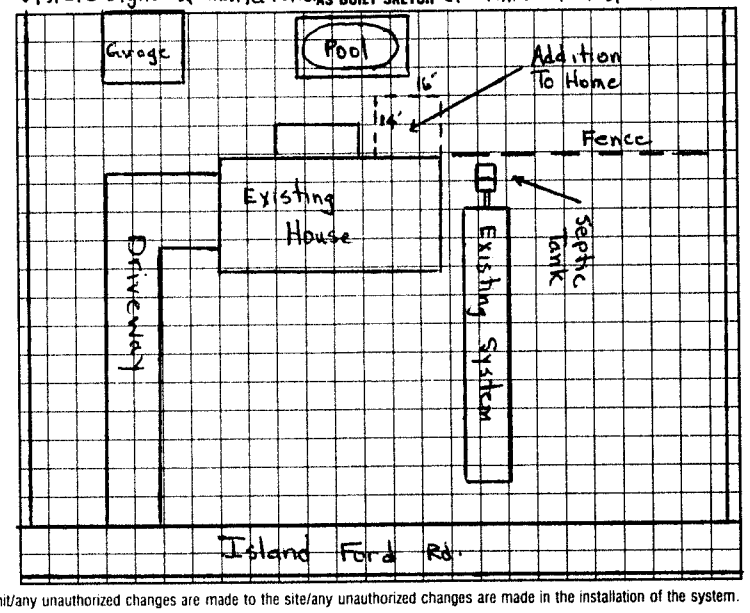
Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

Comments: Keep addition min. 5' from any part of septic system. 3 Bedroom house originally, Adding a bedroom and converting an existing bedroom into a bath room. 3 Bedroom total. Tank located, drain lines too deep to probe. System shows no visible signs of malfunction.

INITIAL SITE SKETCH

AS BUILT SKETCH at time of inspection.



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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael J. Dennis date 11-4-93

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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