50132

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. 17734 DATE 1-26-94 TAX MAP NO. 8L-B-16 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Dorothy Adkins PHONE: Business _____ Home 873-4639

ADDRESS Rt. 16 Box 331 Statesville, N.C. 28677

LOCATION I40W TL Stamey Farm Rd. TL Gilbert Rd. MHP on R. 2nd Lot on R.

SUBDIVISION Adkins MHP BLOCK / SECTION — LOT 2A LOT AREA — SITE CLASS. Existing DESIGN FLOW 480 L.T.A.R. Existing System

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 System

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 1

☐ Business No. Employees —

☐ Other 2 MH's on one system

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

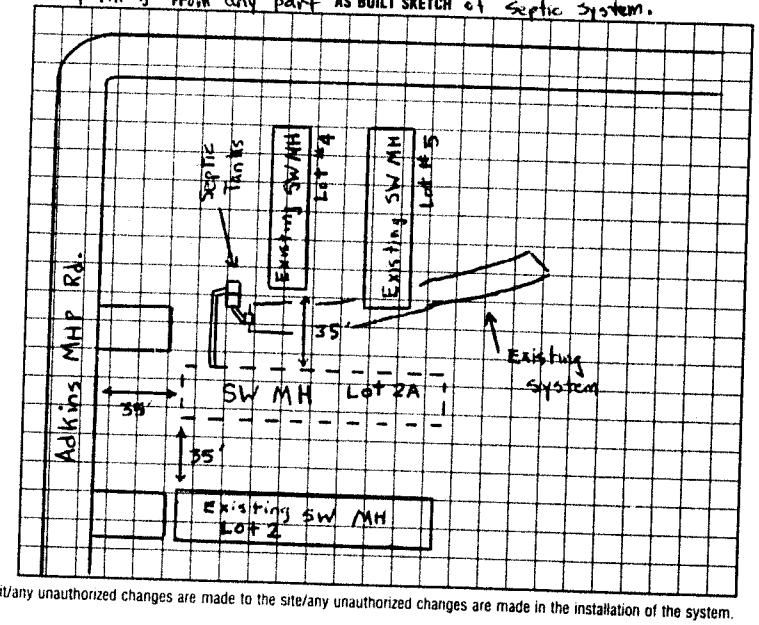
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments:

Comments: Installing home into existing system. Removing plumbing from Lot #4 and using home as storage building. Lot #2A and Lot #5 on same system. Replacing Lot #4 with Lot #2A. System shows no visible signs of malfunction at time of inspection. Keep MH 5' 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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael L. Dennis date 1-26-94

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