~~Applicant~~ Mike Foster

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 49290

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16737 DATE 11-19-93 TAX MAP NO. 82-A-1 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Juanita Foster PHONE: Business _____ Home 872-8470

ADDRESS Rt. 13 Box 357-A Statesville, N.C. 28677

LOCATION I40W TR Stamey Farm Rd TL Island Ford Rd TR Woodbridge Rd TR Cannon Rd. x 1 mile on L

SUBDIVISION NA BLOCK / SECTION _____ LOT — LOT AREA — SITE CLASS. P.S. DESIGN FLOW 480 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 10-5-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1380 Linear Feet 460

No Lines 4 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

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

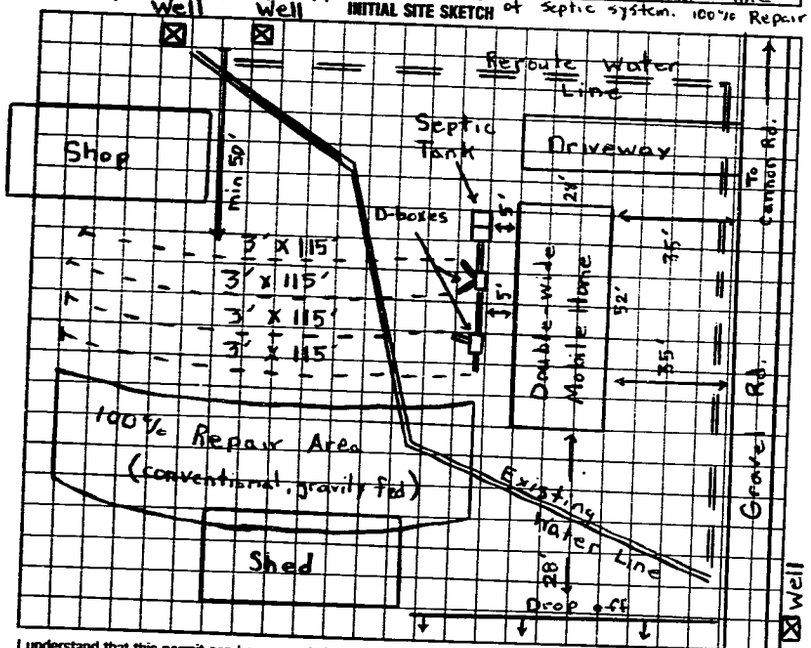
No. Bedrooms 4 No. Bathrooms 2 No. Employees ___

Water Supply: ☑ Individual ☐ Community ☐ Public Share Well

Comments: This permit voids permit issued 10-29-93. INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep system on contour. Keep system 10' from all property lines, 5' from foundation of home and 50' from any well. Reroute water line and keep it 10' from any part of septic system. 100% Repair below system, conventional, gravity fed

Comments:

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~~ Juanita R. Foster

Improvement Permit by: Michael J. Denning date 11-19-93

Existing System Inspection by: _____ date _____

Installed by: Wes Lython

Certificate of Completion by: Michael J. Denning date 12-22-93

Operation Permit by: _____ date _____

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