# IREDELL COUNTY HEALTH DEPARTMENT

Sells

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

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

PROPERTY DESCRIPTION NO. 18791 DATE 7-21-94 TAX MAP NO. 9D-B-4 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Kelly Selks PHONE: Business _____ Home _____

ADDRESS Rt. 8, Box 478 Statesville, N.C. 28677

LOCATION I40W TR Hwy 90 4th home on left after Concord Pres. Church. (2nd MH)

SUBDIVISION NA BLOCK / SECTION NA LOT NA LOT AREA ≈10 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. Repair (.35 gpd/ft²)

Septic Tank: Existing Gallons; STB — Date —
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 2 Square Feet 450 Linear Feet 150'
No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" 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 No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

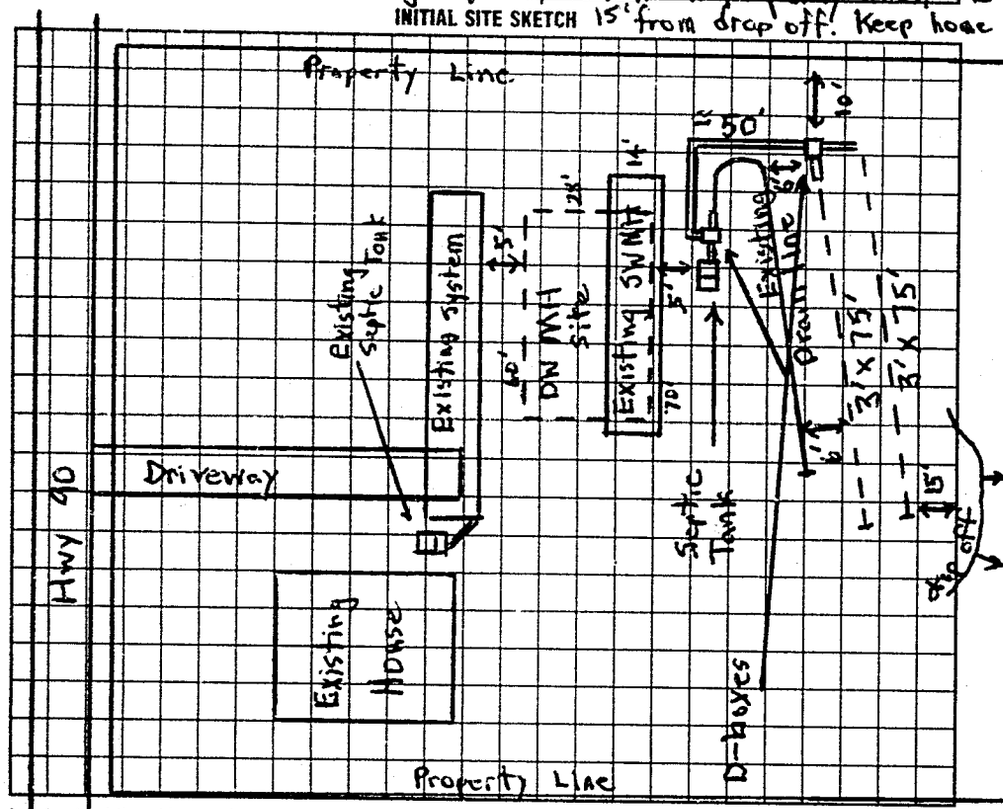
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Community
☑ Public

Comments: Moving off 2 Bedroom SW MH, Moving on 3 Bedroom DW MH. Adding 150' of drainline to system so it will accomodate a 3 Bedroom Home. Install lines on contour. Keep lines 6' from existing system, 10' from all property lines, and 15' from drop off. Keep home min 5' from any part of

Comments: Home located at time of inspection. Home is recommended distances from both septic systems.

INITIAL SITE SKETCH




AS BUILT SKETCH

Existing Septic System for home, and existing Septic system for SW MH.

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: Kim Sells

Improvement Permit by: Michael J. Dennis date 7-22-94

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: Michael J. Dennis date 8-25-94

Operation Permit by: _____ date _____

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