48421 4:00

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. 16578 DATE 6-28-93 TAX MAP NO. 3L-A-27

OWNER OR CONTRACTOR Mike Stapleton PHONE: Business Home 528-9404

ADDRESS Rt. 10 Box 239 Statesville, N.C. 28677

LOCATION From Troutman take Old Mtn. Rd TL East Mombo Rd., House on L across from Bethel Church.

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. L.T.A.R.

Water Supply: ☑ Individual ☐ Community ☐ Public Well

Septic Tank: Existing Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'

No Lines 3 Trench Width 36" Trench Depth 30" 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

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

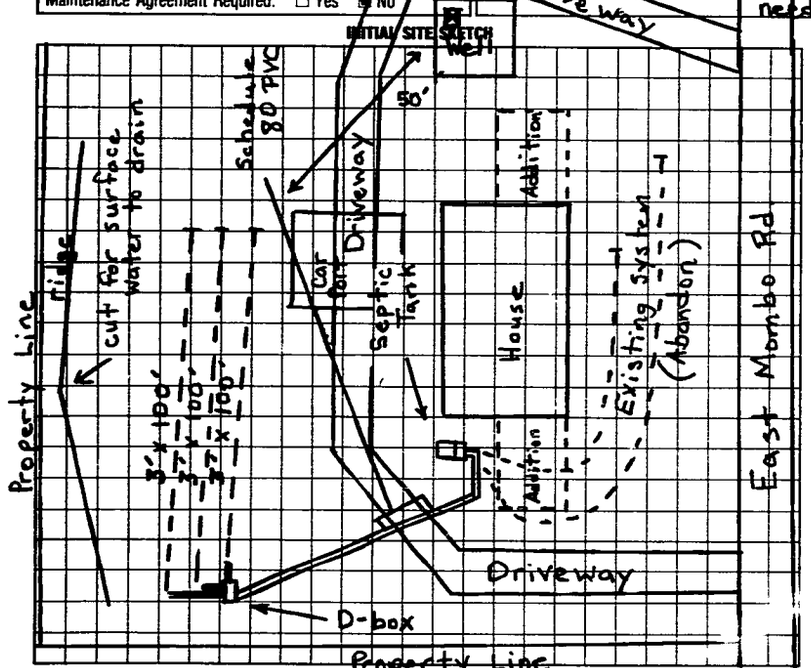
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other

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

Comments Abandon existing drain lines. Keep repair lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and 50' from well. Check integrity of Septic tank, add new sanitary tee if needed. Run schedule 80 PVC underneat driveway. Cut ridge at back of lot to allow surface water drainage.



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: Dennis Gallihen

Improvement Permit by: Michael L. Dennis date 6-28-93

Existing System Inspection by: date

Installed by: A-1 Backhoe

Certificate of Completion by: Michael L. Dennis date 8-24-93

Operation Permit by: date

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