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. 19633 DATE 11-8-94 TAX MAP NO. 3G-1-A-32 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Christine L Grant PHONE: Business _____ Home 528-0258

ADDRESS Rt 14 Box 285 Statesville, NC 28677

LOCATION I40W Tl Old Mtn Rd. TR Buffalo Shoals Rd TL Eufola Rd Bare R at fork Lot near end on R

SUBDIVISION R.T. Edison BLOCK / SECTION _____ LOT A0 LOT AREA 100' x 200' SITE CLASS. P-5 DESIGN FLOW 360 L.T.A.R. 35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 1-5-95
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" 30" 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
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

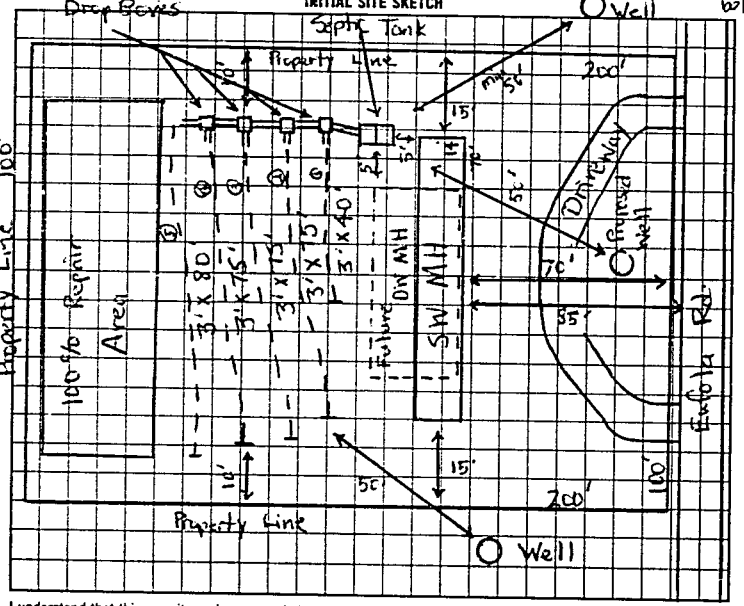
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" deep on lines ① thru ③, lines ④ and ⑤ no deeper than 24" deep.) Keep lines and trenches on contour. Keep System 5' from foundation of home, 10' from all property lines, and 50' from any well. 100% Repair w/low system, conventional, gravity fed.

Comments: Home and well not located at time of inspection. Keep both required distances from septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH

100% Repair not required on this lot, deeded in 1968.

X If questions about depths of trenches, call Health Dept. before installation.

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: Christine L Grant

Improvement Permit by: Michael J Cannon date 11-8-94

Existing System Inspection by: _____ date _____

Installed by: AAA Enterprises

Certificate of Completion by: Michael J Cannon date 4-1-95

Operation Permit by: _____ date _____

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

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