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. 17361 DATE 11-29-93 TAX MAP NO. 3Q-1-A-2 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Bobby Fields PHONE: Business _____ Home 528-9571

ADDRESS Rt. 14 Box 267 Statesville, N.C. 28677

LOCATION I-40W TL old Mtn. Rd TR Buffalo Shoals Rd. TL Enfield Rd Ext. TR Grims Lane 2nd house on R.

SUBDIVISION R.T. Edson Prop. BLOCK / SECTION _____ LOT 3+4 LOT AREA 3.0 acre SITE CLASS Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: Existing Gallons: STB — Date —

Pump Tank: — Gallons: PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No. Fields 1 Square Feet _____ Linear Feet _____

No Lines Existing System Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing

Repair System Description: System

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☑ Other moving off 3 Bdrm SW MH moving on 3 Bdrm DW MH

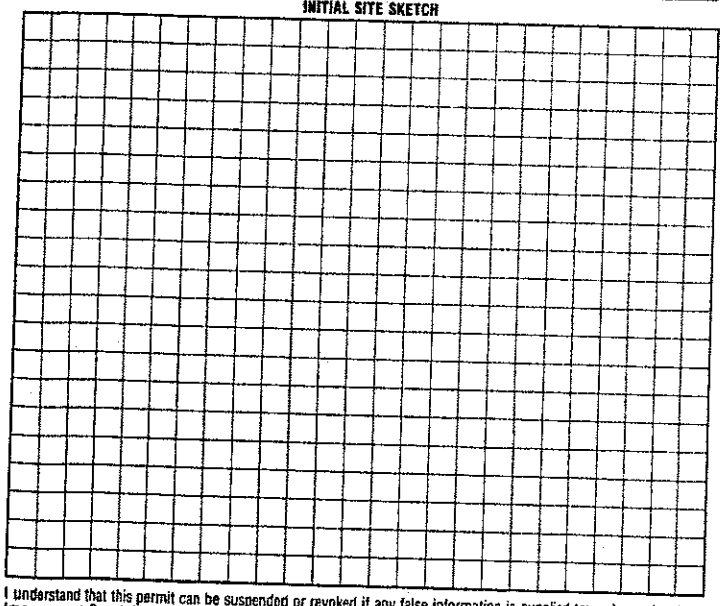
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

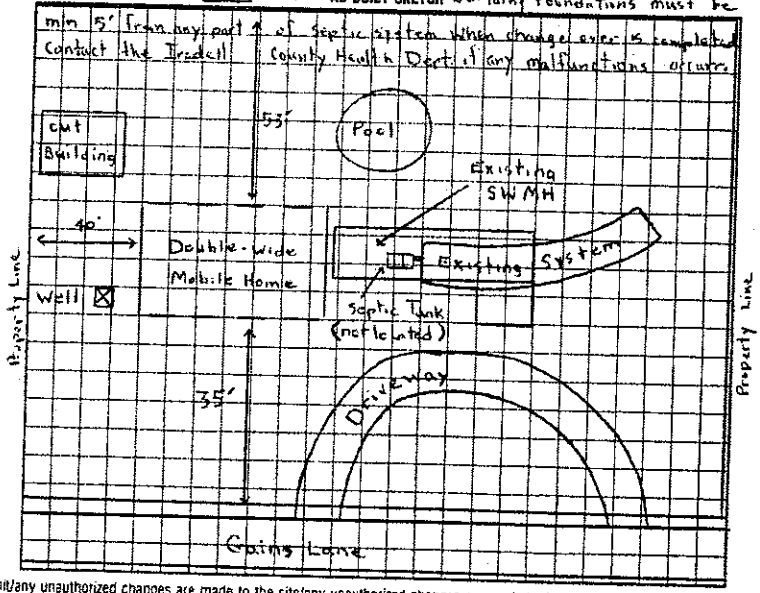
Comments:

Comments: System shows no visible signs of malfunction at time of inspection, but only half of the system is accessable because the existing home is located over the other half. However, the system is saturated and may be close to failure, therefore, addition to the drainfield is recommended. NOTE- All AS BUILT SKETCH building foundations must be min 5' from any part of septic system when change over is completed Contact the Iredell County Health Dept. if any malfunctions occurs

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 A. Dancy date 11-29-93

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