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 528-9371

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

LOCATION I40W TL old Mtn. Rd TR Buffalo Shoals Rd. TL Enfola Rd Ext. TR Goins Lane 2nd house on R.

SUBDIVISION R.T. Elson Prop. BLOCK / SECTION _____ LOT 3+4 LOT AREA ≈1.0 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 Existing System Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Existing System
Repair System Description: _____
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 Bedroom DW MH~~

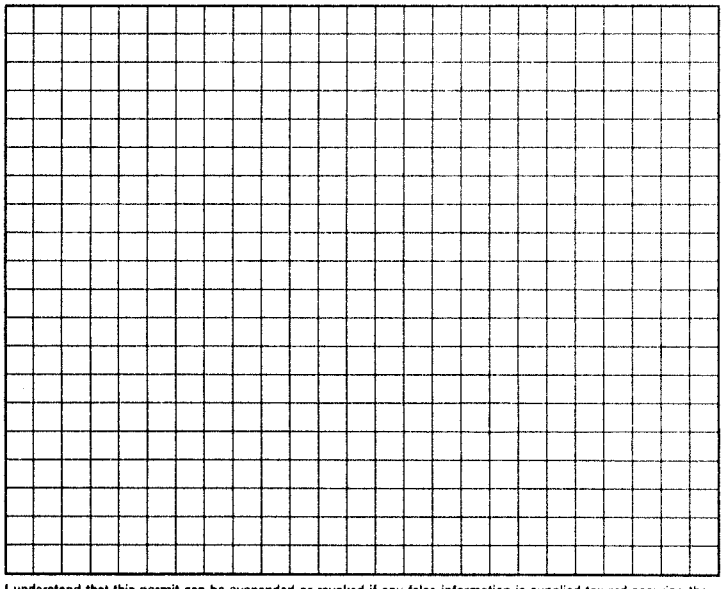
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

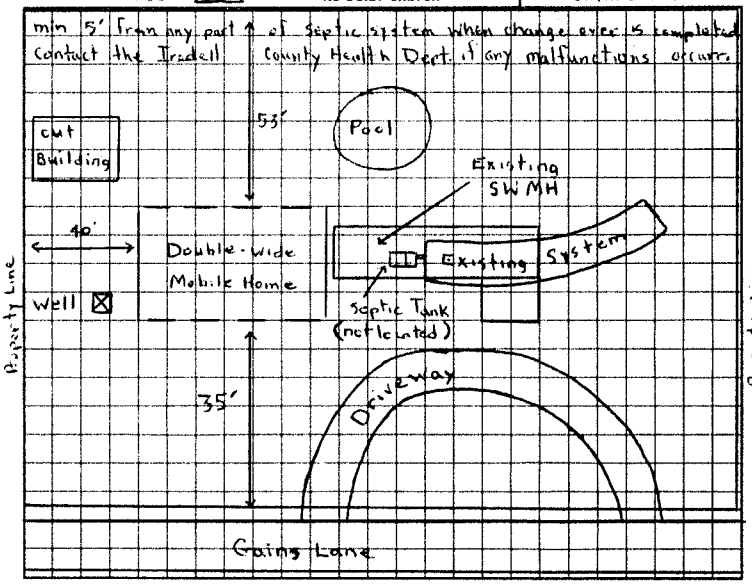
Water Supply: ☑ Individual ☐ Community ☐ Public

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





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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Michael J. Denton date 11-29-93 Operation Permit by: _____ date _____

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