# 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. 16515 74788 DATE 3-11-94 TAX MAP NO. 3K-B-20 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Robert Eudy PHONE: Business _____ Home 528-4838

ADDRESS Rt. 16 Box 112 Statesville, N.C. 28677

LOCATION I-40W TL old mtn. Rd TR Troutman Farm Rd. Lot on L off rd just past round house.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 4.85 acres SITE CLASS P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd / ft²

Septic Tank: 1000 Gallons; STB 794 Date 4-21-99
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 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

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

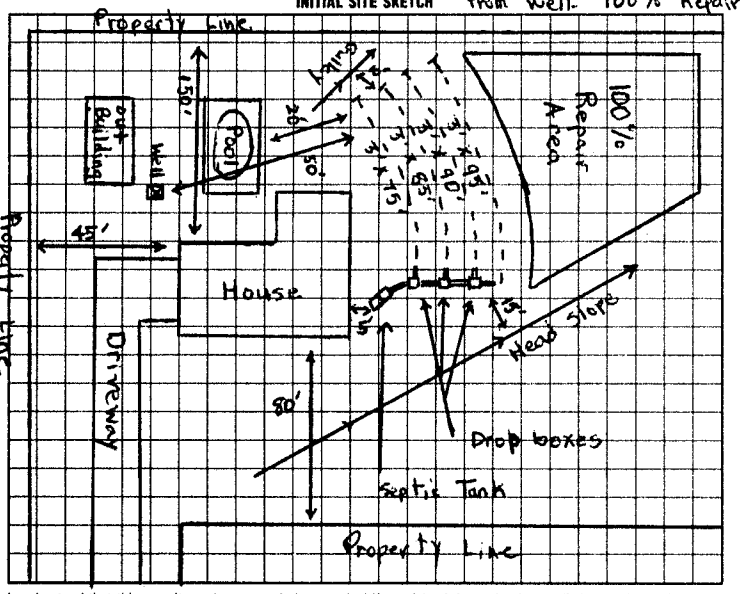
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, 15' from head slope, 10' from gulley, 20' from pool, and 50' min. from well. 100% Repair below system conventional, gravity fed.

Comments:

INITIAL SITE SKETCH




AS BUILT SKETCH

System Installed As shown

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: Robert E. Eudy

Improvement Permit by: Michael J. Dennis date 3-11-94

Existing System Inspection by: _____ date _____

Installed by: Wes Lytton

Certificate of Completion by: [illegible] Potter date 9-24-99

Operation Permit by: _____ date _____

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