35-3-H-1J

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. 19973 DATE 2-8-95 TAX MAP NO. 35-3-H-1J Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Tony Caldwell PHONE: Business _____ Home 528-3516

ADDRESS 220 Orville Lane Statesville, N.C. 28677

LOCATION I-40W Th CH Mtn. Rd TR Orville lane Lot at end on L

SUBDIVISION A.F. Troutman Est. BLOCK / SECTION - LOT 1J LOT AREA ± 3C acres SITE CLASS Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank: Existing Gallons: System Inspection Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ 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 _____

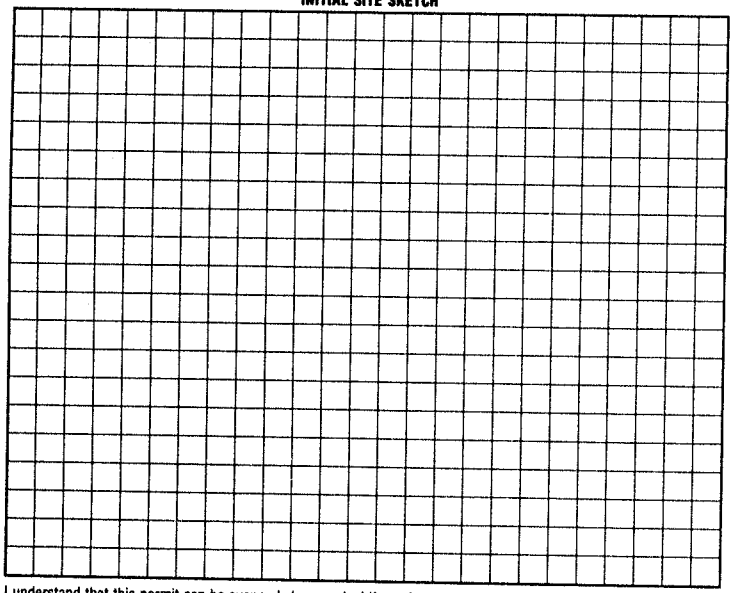
☐ Other _____

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

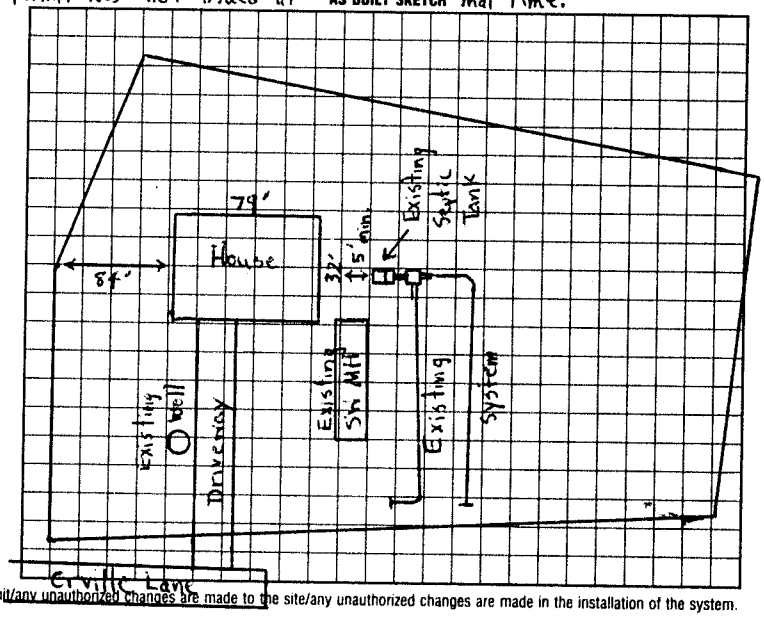
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Moving off SW MH. Building House. Keep home 5' from any part of septic System. System saturated at time of inspection but not surfacing. System may be close to failure. System originally looked at and approved by J.C. Moore. Applicant did not have home staked out so permit was not issued at that time.

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 J. Dennis date 2-8-95

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