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. 17582 DATE 12-16-93 TAX MAP NO. 35-3-H-1B Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Wanda Bare (Gerald Weeks) PHONE: Business _____ Home 872-5771

ADDRESS Rt. 1 Box 104, Olion, N.C. 28660

LOCATION I40W TL Old Mtn. Rd. TR Orville Lane - Lot in corner of Orville Lane and Wright Lane.

SUBDIVISION A.F. Troutman Est. BLOCK / SECTION — LOT 1B LOT AREA ≈ 1.0 acre SITE CLASS Existing DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet System 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

Repair System Description: System

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 1.5 No Employees ____

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

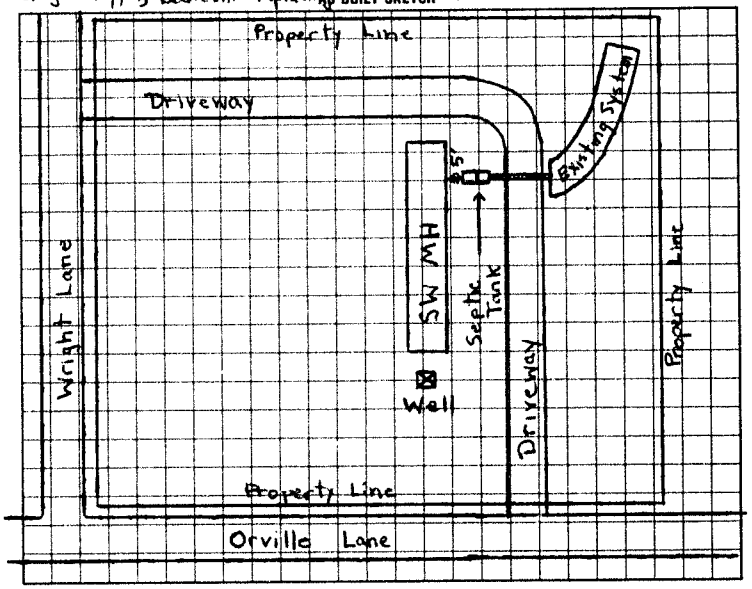
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Lot vacant at time of inspection and has been for over a year. System shows no visible signs of malfunction at time of inspection. MH not on lot at time of inspection, keep home min 5' from any part of system. 3 Bedroom SW MH on lot originally, 3 Bedroom replacing it.

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 12-16-93

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