IREDELL COUNTY HEALTH DEPARTMENT

#1348

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 23634 DATE 5-7-96 TAX MAP NO. 3S-3-E-14 Watershed: ~~Yes~~ ~~No~~

OWNER OR CONTRACTOR MARTY K. CAMPBELL PHONE: Business _____ Home _____

ADDRESS 875 OLD MTN RD. STATESVILLE NC 28677

LOCATION I-40 W, TL O.M.R. 1 DN ~~RIGHT~~ JUST PAST BUFFALO SHOALS ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet EXISTING

~~No Lines~~ 1 BED Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

Water Supply:

☐ Individual

☐ Community

☐ Public WELL

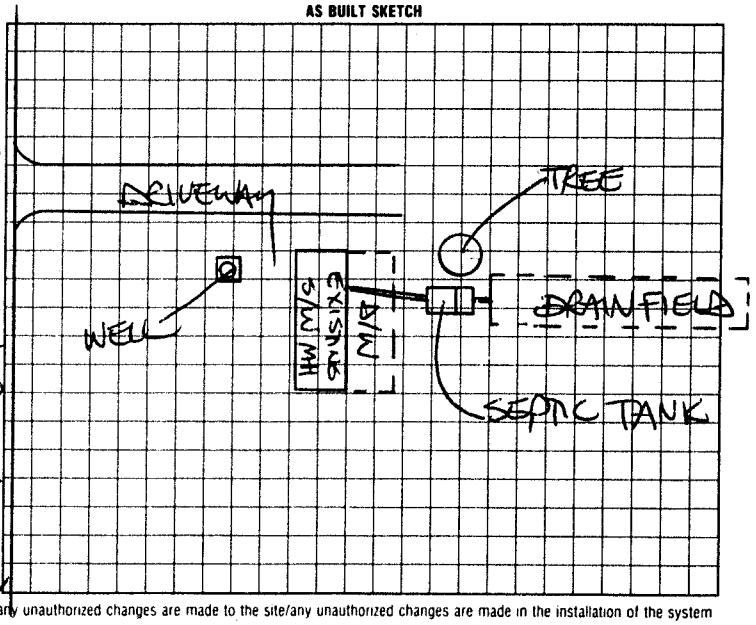
Comments:

Comments:

INITIAL SITE SKETCH

OLD MOUNTAIN ROAD (SR 1005)

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

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: STEVE HORRICK date 5-7-96

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