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 19559 DATE 10-20-94 TAX MAP NO. 6E-17-A-11 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Donna Harris PHONE: Business _____ Home 872-3944

ADDRESS 1516A Bristol Rd. Apt. A. Statesville, N.C. 28677

LOCATION I-40W TL Stamey Farm Rd TL Hwy 70 TR Airport Rd. TR Parker Lake Loop TL Delight Loop. 4th Lot on L

SUBDIVISION Lakewood Est. BLOCK / SECTION _____ LOT 11 LOT AREA 101' x 150' SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 9-3-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 5 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: PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

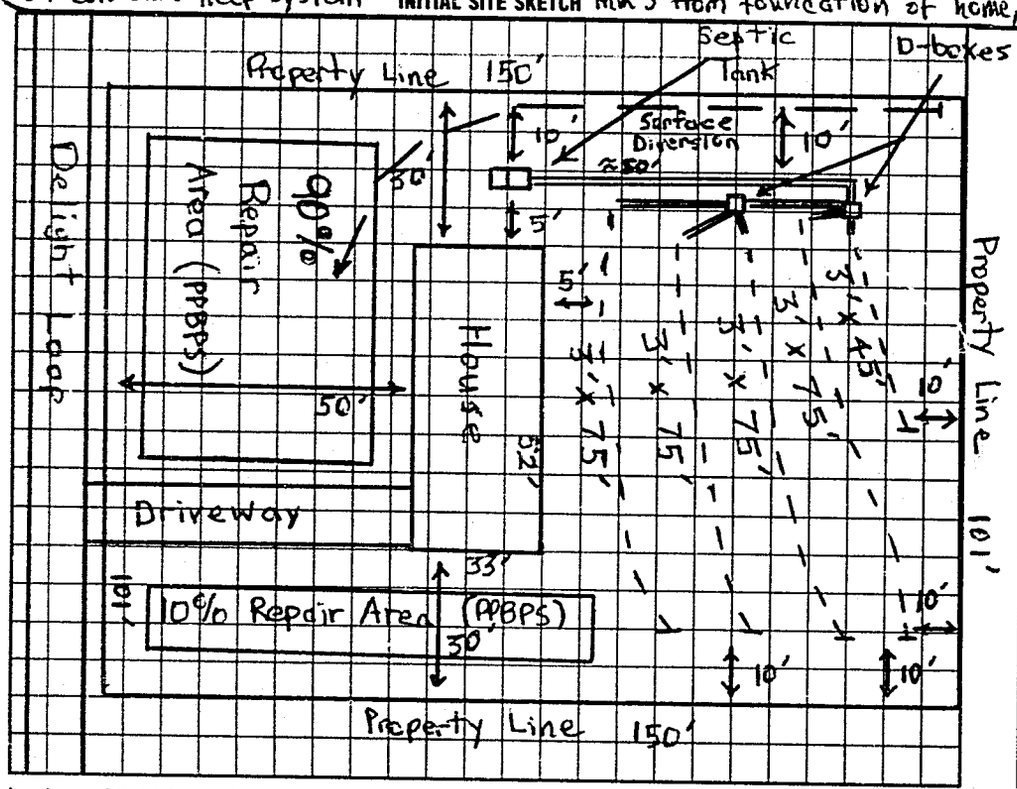
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

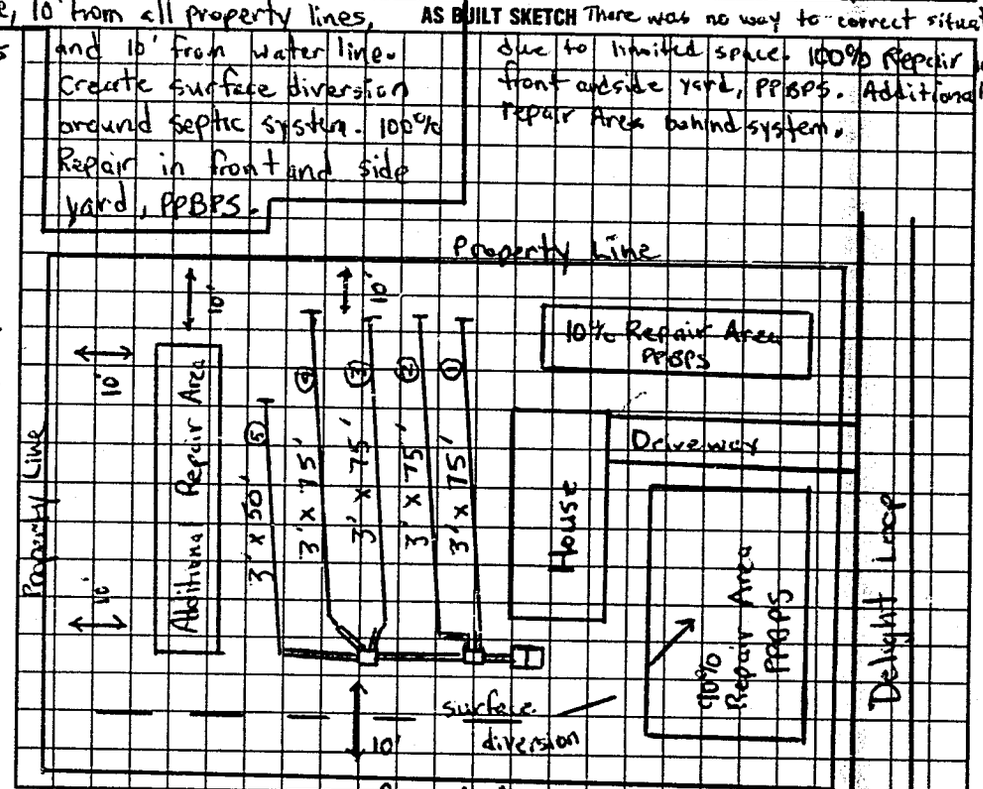
Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Install lines first, septic tank afterwards. If tank can not be held high enough, without being able to get fall from stub out, system will need to be converted to a pump system. Keep lines and trenches on contour. Keep system min 5' from foundation of home, 10' from all property lines, and 10' from water line. Create surface diversion around septic system. 100% Repair in front and side yard, PPBPS.

Comments: System inspected on 11-8-94. Surface diversion ditch checked on 11-8-94. On System used speed leveler to feed lines 3, 4, & 5 first and then feed lines 1 & 2 last. Lines in some areas a little close together due to tight lot and to save repair room due to limited space. 100% Repair in front and side yard, PPBPS. Additional Repair Area behind system.

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: Donna B. Harris

Improvement Permit by: Michael F. Dennis date 10-20-94

Existing System Inspection by: _____ date _____

Installed by: Boyd Adams

Certificate of Completion by: Michael F. Dennis date 11-8-94

Operation Permit by: _____ date _____

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