51411

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. 18549 DATE 5-24-94 TAX MAP NO. 6C-A-5 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Frank Davidson (Brian Russnak) PHONE: Business _____ Home 838-0450

ADDRESS Rt. 14 Box 471 Statesville, N.C. 28677

LOCATION I40W TL old Mtn. Rd. TL Buffalo Shoals Rd TL Ramblewood MHP 3rd SW MH on R.

SUBDIVISION Ramblewood MHP BLOCK / SECTION — LOT 3 LOT AREA — SITE CLASS Existing DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing System Inspection Gallons; _____ 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 Inspection

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1.5

☐ Business No. Employees ____

☑ Other 2 SW MH's on one system

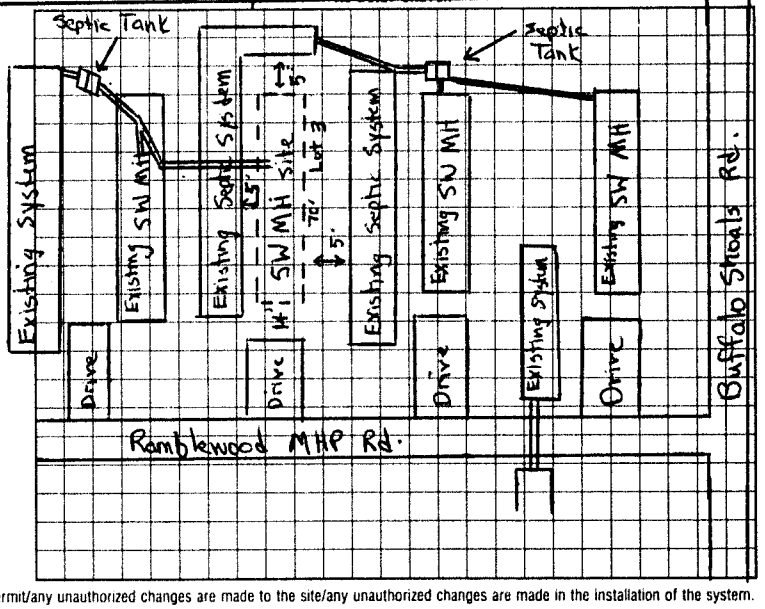
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments:

Comments: System too deep to probe. system shows no visible signs of malfunction at time of inspection 2 SW MH's on one system. Keep home min. 5' from any part of any septic system. Home not located at time of inspection.

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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Michael J. Dawson date 5-24-94 Operation Permit by: _____ date _____

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