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. 16564 DATE 6-28-93 TAX MAP NO. 6E-16-A-12

OWNER OR CONTRACTOR Bruce Byrd. PHONE: Business _____ Home 873-5814

ADDRESS Box 12 Deerfield Estates, Statesville, N.C. 28677

LOCATION I-40 W TL Stamey farm Rd., TL Hwy 70, TR Airport Rd., TL Deerfield Estates Rd. 12th Lot on R.

SUBDIVISION Deerfield Estates BLOCK / SECTION _____ LOT 12 LOT AREA _____ SITE CLASS. Existing L.T.A.R. Repair

Water Supply: ☐ Individual ☐ Community ☑ Public County Water

Septic Tank: Existing Gallons: STB — Date —

Pump Tank: — Gallons: PT — Date —

Nitrification Field: No Fields 1 Square Feet 315 Linear Feet 105'

No Lines 1 Trench Width 36" Trench Depth 36" Gravel Depth 12"

☐ New System ☑ Repair System Type: I. II. IV. V. VI

System Description: Conventional, gravity

Repair System Description: —

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

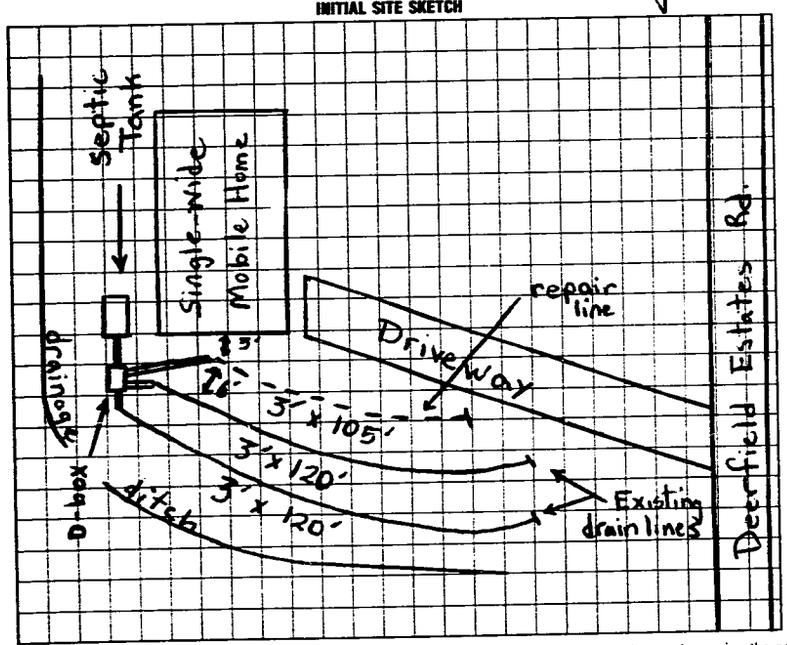
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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

Comments Existing system not able to accomidate 3 Bedroom MH. Adding repair line in order to replace 2 bedroom MH with 3 Bedroom MH. Keep Nitrification Line on contour, Keep line 5' from foundation of home, and 6' from existing system.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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: Sheila B. Potter

Improvement Permit by: Michael L. Dennis date 6-28-93

Existing System Inspection by: _____ date _____

Installed by: Esker Elder

Certificate of Completion by: Michael L. Dennis date 6-30-93

Operation Permit by: _____ date _____

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