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. 21928 DATE 8-28-95 TAX MAP NO. 6E-16-A-30 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Angela C. Anderson PHONE: Business _____ Home 878-2170

ADDRESS 125 Freeland Circle Statesville, N.C. 28677

LOCATION I40W TL Stamey Farm Rd TL Hwy 70 TR Airport Rd TL Deerfield Lane TR Freeland Circle 2nd Lot on L

SUBDIVISION Deerfield Estates BLOCK / SECTION NA LOT 30 LOT AREA 1 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 System Serial No. Inspection

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____

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

System Description: Existing system

Repair System Description: Inspection

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

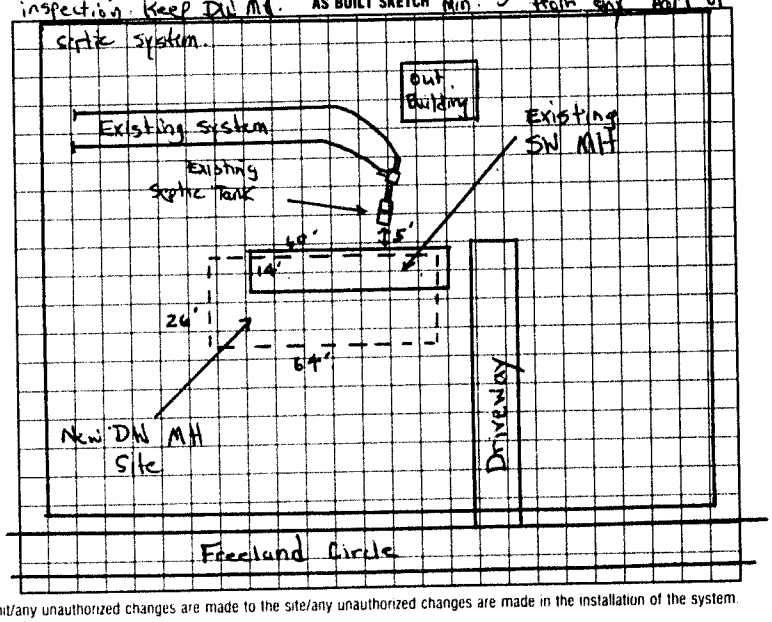
Comments:

Comments: Moving of 2 Bedroom SW MH. Replacing with 3 Bedroom DW MH. Owner said there was an existing 3 Bedroom DW MH on lot prior to their SW. system originally sized for 3 Bedroom Home. System shows no visible signs of malfunction at time of inspection. Keep DW MH. Min. 5' from any part of septic system.

INITIAL SITE SKETCH

Rear of DW MH to be placed in same location as rear of existing SW MH.

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: Michael J. Dennis date 8-28-95

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