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. Repair DATE 9-6-97 TAX MAP NO. Repair Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Marvin Arey PHONE: Business _____ Home 872-8430

ADDRESS 172 Arey Rd Statesville

LOCATION 215 TR Hill House TL Wallace Springs Rd TR Arey up Hill House on Left

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

Septic Tank: 1000 Gallons; STB 1012 Date 6-30-97

Pump Tank: _____ Gallons; PT _____ 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: _____

Repair System Description: Tank

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

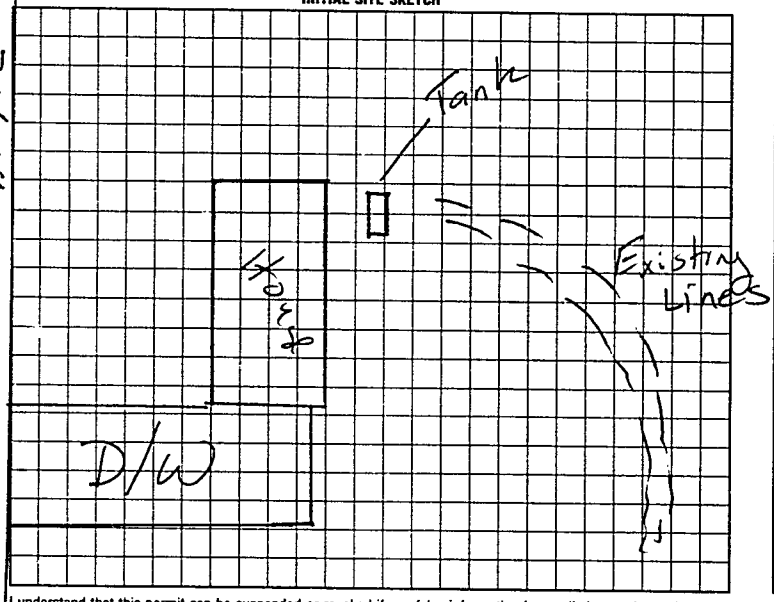
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

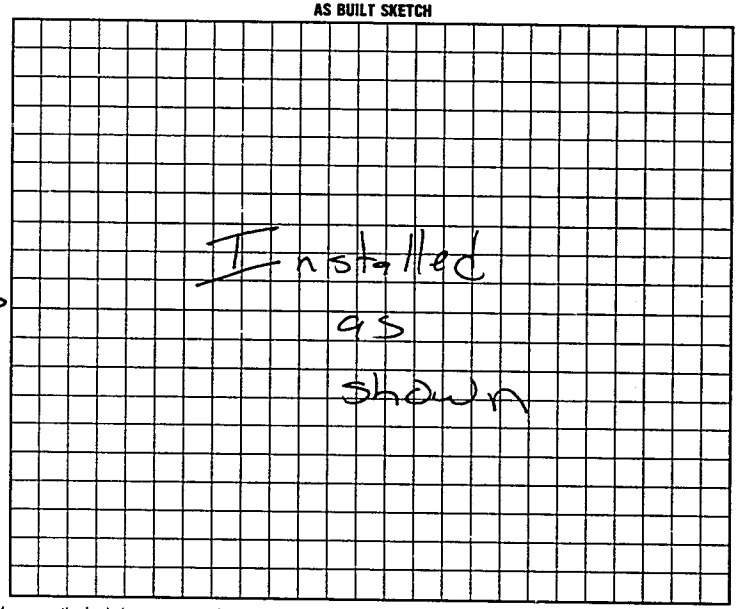
Comments: Uncover Tanks - ~~possibly hand built~~ may be able to replace top portion - if tank not in good repair replace entire Tank.

Comments:

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: J Marvin Arey

Improvement Permit by: Mark C Oakes date 9-6-97

Existing System Inspection by: Authorization to Const. Mark C Oakes date 9-6-97

Installed by: Steve Jordan

Certificate of Completion by: _____ date _____

Operation Permit by: Mark C Oakes date 9-9-97

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

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