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. 16801 DATE 8-13-93 TAX MAP NO. 8L-2-A-76

OWNER OR CONTRACTOR Hope Bros. Blders. Inc. PHONE: Business _____ Home 872-4111

ADDRESS 1120 Barkley Rd. Statesville, N.C. 28677

LOCATION I40W TL Hwy 90 TR Bristol Dr. TR Westminster Rd. TR Crestridge Dr. Last lot on R before 90° curve.

SUBDIVISION Westover BLOCK / SECTION _____ LOT 76 LOT AREA 100'x220' SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1000 Gallons; STB 358 Date 6-16-93

Pump Tank: — Gallons; PT — Date —

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

No Lines 5 Trench Width 36" Trench Depth 36" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: Not required

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 1.5 Auto. Dishwasher: ☐ Yes ☑ No

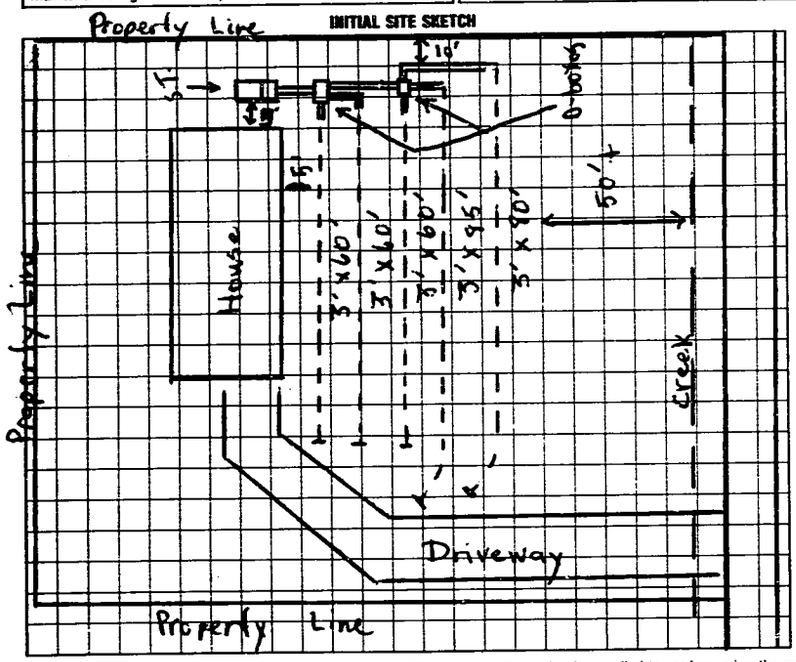
☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

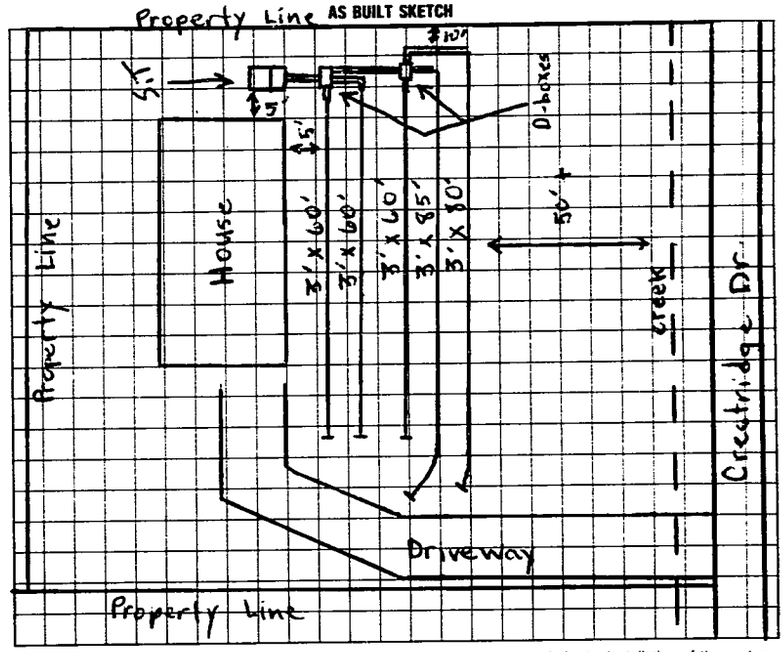
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments Original Permit by Steve Brown had expired. (9-15-88). System installation began, had to permit again. 100% Repair Area not required.

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: Forest R. Shuford

Improvement Permit by: Michael J. Dennis date 8-13-93

Existing System Inspection by: _____ date _____

Installed by: Forest Shuford

Certificate of Completion by: Michael J. Dennis date 8-13-93

Operation Permit by: _____ date _____

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