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 7-6-93 TAX MAP NO. Repair

OWNER OR CONTRACTOR Glen R. Fox PHONE: Business _____ Home 872-7029

ADDRESS 732 Westminster Dr. Statesville, N.C. 28677

LOCATION I40 W TL Hwy 90 TR Bristol Dr. TR Westminster Dr. Last Brick house on R.

SUBDIVISION NA BLOCK / SECTION _____ LOT — LOT AREA 2.15 acres. SITE CLASS. P.S. L.T.A.R. - 3 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public share well with neighbor.

Septic Tank: Washerbox Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines 1 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: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ Mobile Home No. Bathrooms 2.5 Auto. Dishwasher: ☐ Yes ☑ No

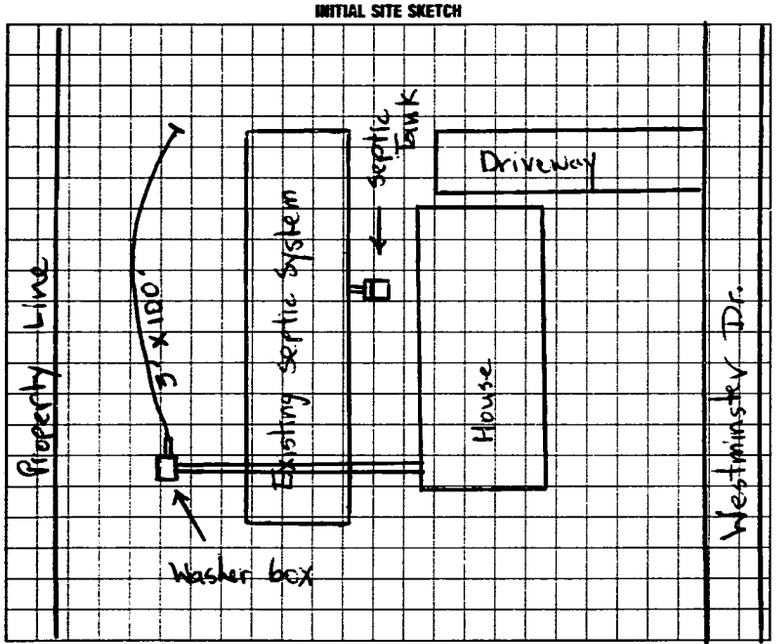
☐ Business No. Employees — Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

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

Comments Install washing machine drain into washer box and install 3'x100' drain line. Keep line on contour. Keep system 10' from all property lines, 20' from existing system and 10' from water line.

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: Glen R. Fox

Improvement Permit by: Michael L. Dennis date 7-6-93

Existing System Inspection by: _____ date _____

Installed by: J.C. Forsythe

Certificate of Completion by: Michael L. Dennis date 7-6-93

Operation Permit by: _____ date _____

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