IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

TAX MAP NO. Repair

DATE 6-23-93 PHONE: Business Home 873-2697

PROPERTY DESCRIPTION NO. Repair

OWNER OR CONTRACTOR J.E. Boan

ADDRESS 724 Westminster Dr. Statesville, N.C. 28677

LOCATION I40 W TL Hwy 90 TR Bristol Dr TR Westminster Dr 2nd to last Brick house on R.

SUBDIVISION NA BLOCK / SECTION LOT LOT AREA Ample SITE CLASS. Repair L.T.A.R. Repair

Water Supply: ☑ Individual ☐ Community ☐ Public Well

Septic Tank: Existing Gallons: STB Date

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'

No Lines 3 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 ☐ Mobile Home ☐ Business ☐ Other

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

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

Garbage Disposal: ☐ Yes ☑ No

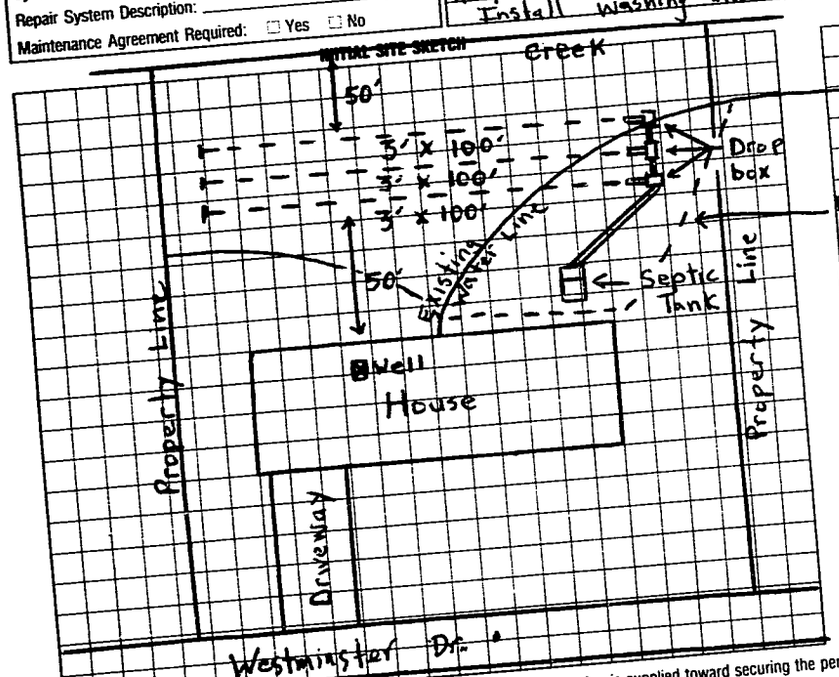
Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

Other

Comments Check integrity of Septic Tank, install new sanitary tee if needed. re-route water lines and keep 10' from any part of septic system. Keep Nitrification lines on contour and keep system 10' from all property lines. Install washing machine & sink drain into septic tank. Keep system 50' from well and creek.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS Initial Sketch Except for (2) 80' lines, and (1) 90' line instead of (3) 100' lines.

250' Linear ft.

750 sq ft.

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: X James E. Boan

Improvement Permit by: Michael L. Dennis date 6-23-93

Existing System Inspection by: date

Installed by: J.C. Forsyth date 7-6-93

Certificate of Completion by: Michael L. Dennis 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