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 6-17-94 TAX MAP NO. Repair Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Huey Austin PHONE: Business Home 873-9463

ADDRESS 833 Bristol Dr. Statesville, N.C. 28677

LOCATION I-40W TL Hwy 90 TR Bristol Dr. 4th to last house on L

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 6.0 acres SITE CLASS Repair DESIGN FLOW 240 L.T.A.R. Repair

Septic Tank: Existing Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 2 Square Feet 600 Linear Feet 200'

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: conventional, gravity fed.

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 1 No. Employees —

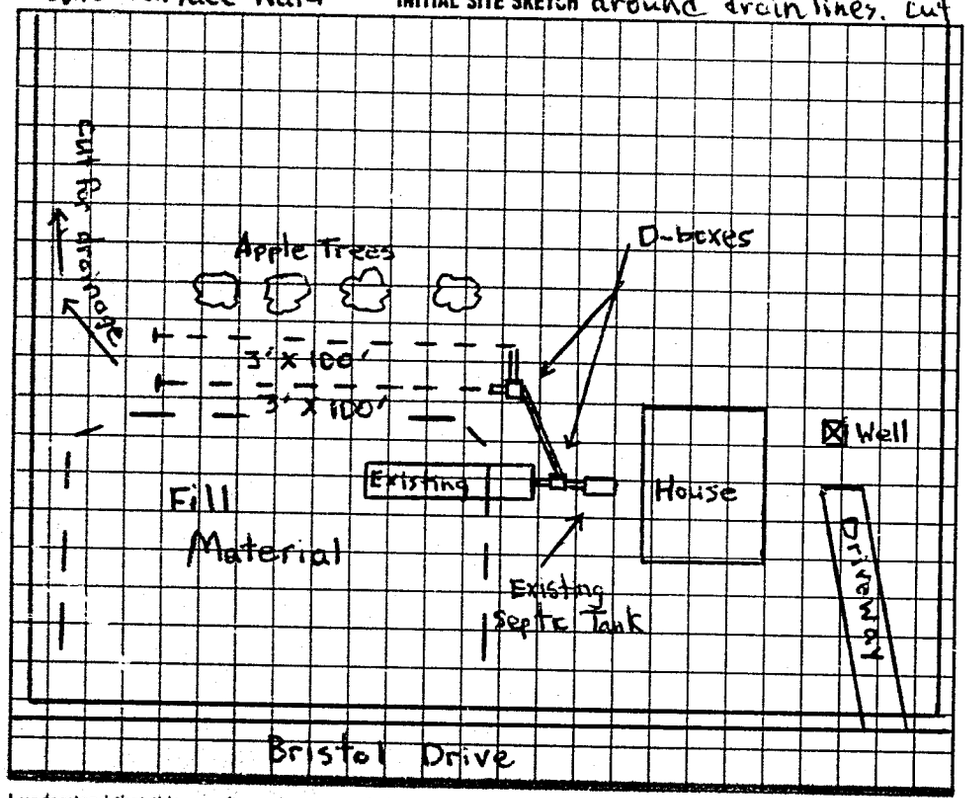
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

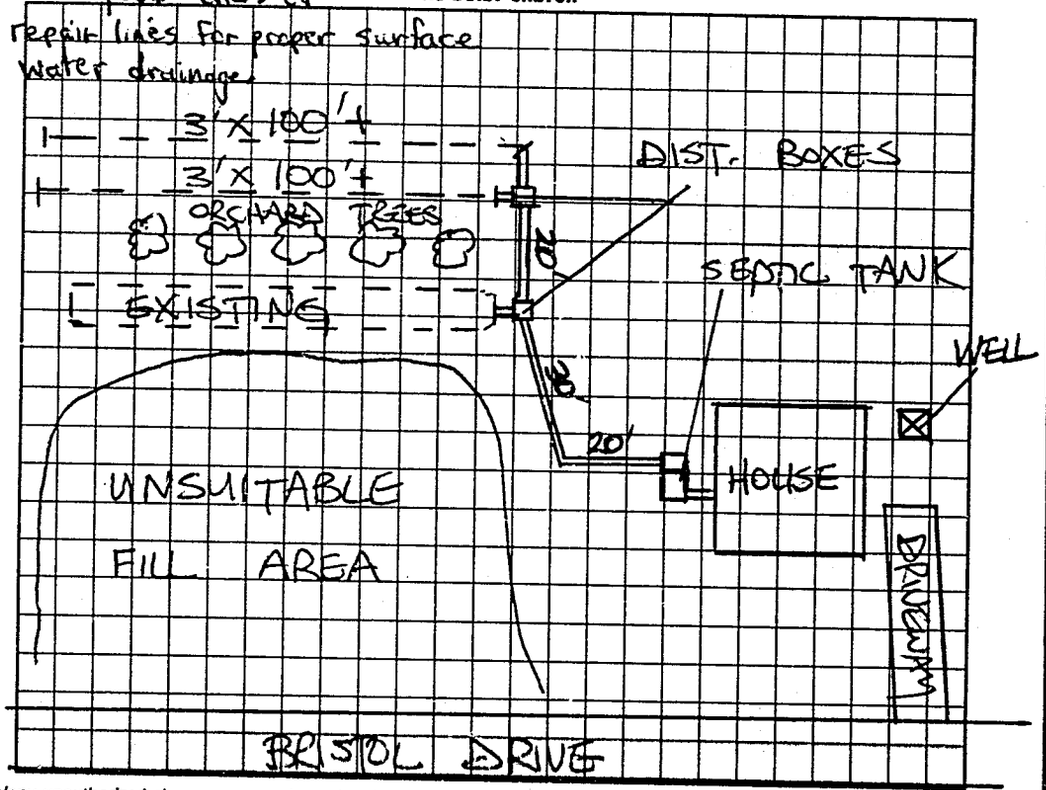
Comments: Install repair lines on contours. Keep system 6' from existing system, 10' from all property lines, and 50' from any well. Feed existing lines first, repair lines last. Check integrity of septic tank, add new sanitary tee if needed. When covering route surface water around drain lines. cut area beyond ends of repair lines for proper surface water drainage.

Comments: ① TANK PUMPED OUT 6/23/94
② NEW TEE INSTALLED IN TANK

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: [signature]

Improvement Permit by: Michael L. Dennis date 6-17-94

Existing System Inspection by: — date —

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HOARCK date 6/23/94

Operation Permit by: — date —

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