IREDELL COUNTY HEALTH DEPARTMENT

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

51641

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

PROPERTY DESCRIPTION NO. City of Statesville DATE 6-3-94 TAX MAP NO. 6K-10-A-23 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Mack Stevenson (Chris Davidson) PHONE: Business _____ Home 528-6192

ADDRESS P.O. Box 5602 Statesville, N.C. 28687

LOCATION I40W TL Hwy 90 TR Bristol Dr TL Greencrest Lane TR Holly St 2nd on R.

SUBDIVISION Greencrest BLOCK / SECTION _____ LOT 9 LOT AREA 97' X 140' SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .35 gpd / ft²

Septic Tank: 1000 Gallons; STB 1012 Date 4-30-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24"-36" Gravel Depth 12"

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

System Description: conventional, gravity fed.

Repair System Description: Not required, max feasable shown

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

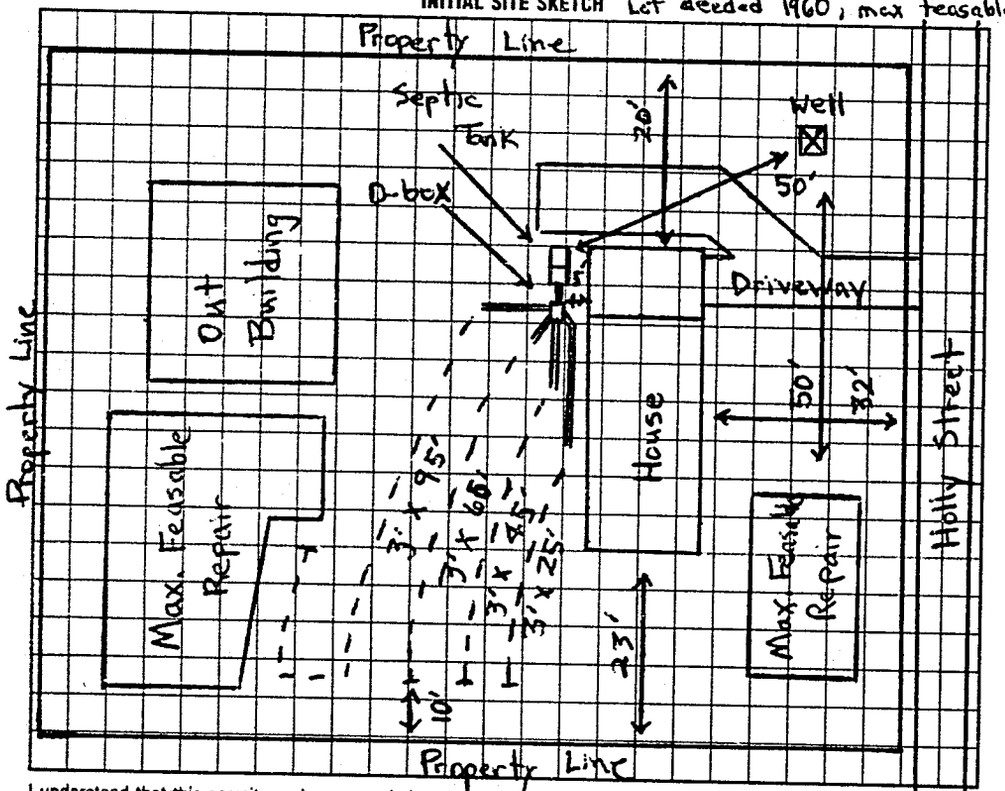
Water Supply: ☑ Individual ☐ Community ☐ Public

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

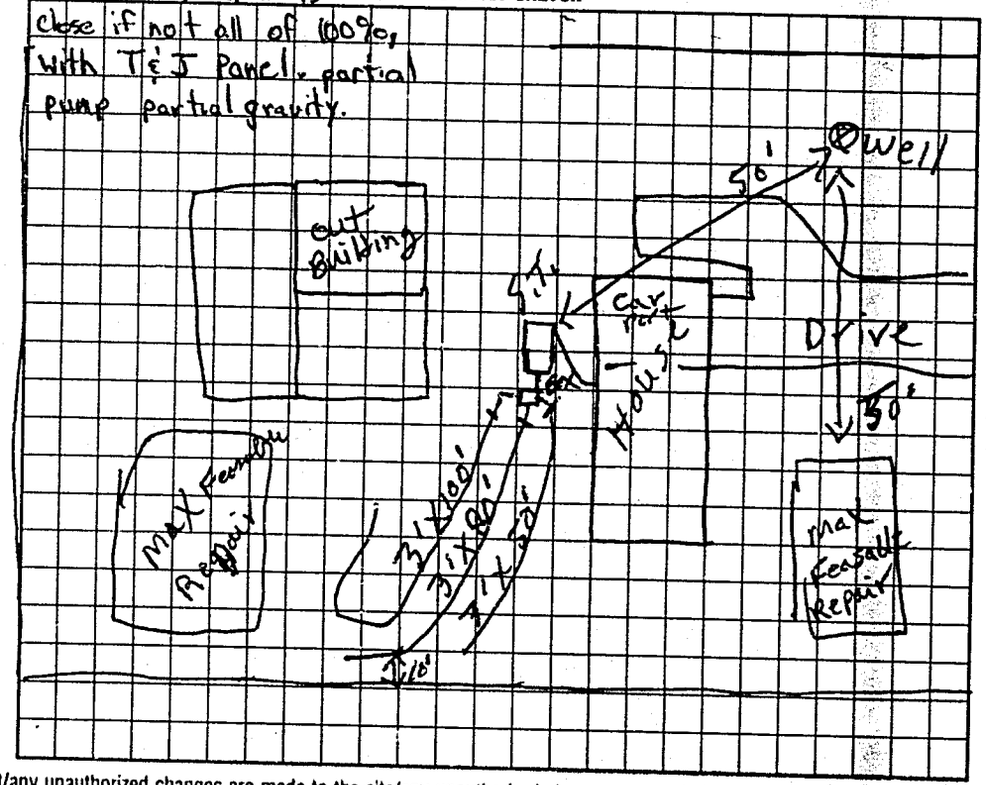
Comments: Install system as shallow as possible, no deeper than 36" to trench bottom. Keep lines as close to contour as possible, less than 2% slope. Keep system 5' from foundation of home, 10' from all property lines, and 50' from any well. 100% Repair not required

Comments: Let deeded 1960, max feasable Repair shown, Repair is close if not all of 100%, With T & J Parcel, partial pump partial gravity.

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: X _____

Improvement Permit by: Michael J. Dennis date 6-3-94

Existing System Inspection by: _____ date _____

Installed by: Forest Shuffler

Certificate of Completion by: F. C. Moore date 8-2-94

Operation Permit by: _____ date _____

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