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 3-14-95 TAX MAP NO. Repair Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Odessell Messick PHONE: Business Home 873-8453

ADDRESS 2300 Cline St. Statesville, N.C. 28677

LOCATION I40 W TL Hwy 90 TR Wooten St TL Craig St House on corner of Craig St and Cline St on R.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA — 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 300 Linear Feet 100'

No Lines 2 Trench Width 6' Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Repair, gravity fed, conv.

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

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

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

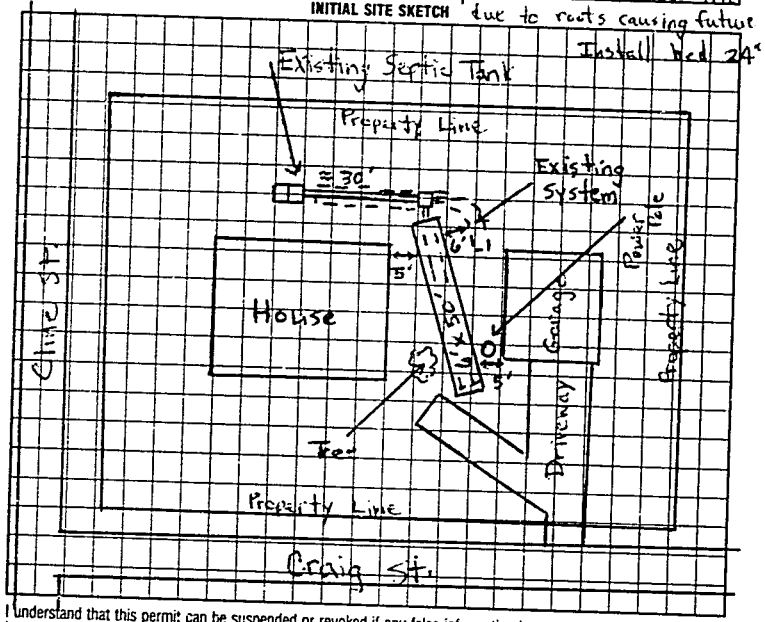
No. Bedrooms 2 No. Bathrooms 1 No. Employees —

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: Install 6'x50' Bed above existing drain lines. Run new pipe from septic to a drop box. Feed repair first, then remainder of existing system. Keep system 6' from existing drain lines below bed, and 5' from any foundation. Remove tree due to roots causing future damage.

Comments: Pipe Gutters below New Drain line

INITIAL SITE SKETCH



AS BUILT SKETCH

Check integrity of septic tank and add new Sumbar tee if needed.

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: Bobbie M. Miller

Improvement Permit by: Michael J. Dennis date 3-14-95

Existing System Inspection by: — date —

Installed by: AAA Enterprizes

Certificate of Completion by: R.C. Moore date 4-4-95

Operation Permit by: — date —

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