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 9-24-93 TAX MAP NO. Repair

OWNER OR CONTRACTOR Jack Starette PHONE: Business _____ Home 872-7338

ADDRESS Rt. 8 Box 611 Statesville, N.C. 28677

LOCATION I40W TR Hwy 90 White house on L across from suberban Propane.

SUBDIVISION NA BLOCK / SECTION _____ LOT — LOT AREA — SITE CLASS. P.S. L.T.A.R. .35gpd/ft²

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

Septic Tank: Existing Gallons: STB — Date —

Pump Tank: — Gallons: PT — Date —

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240'

No Lines 4 Trench Width 36" Trench Depth 18'-30" Gravel Depth 12"

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

System Description: conventional, gravity

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

Garbage Disposal: ☐ Yes ☑ No

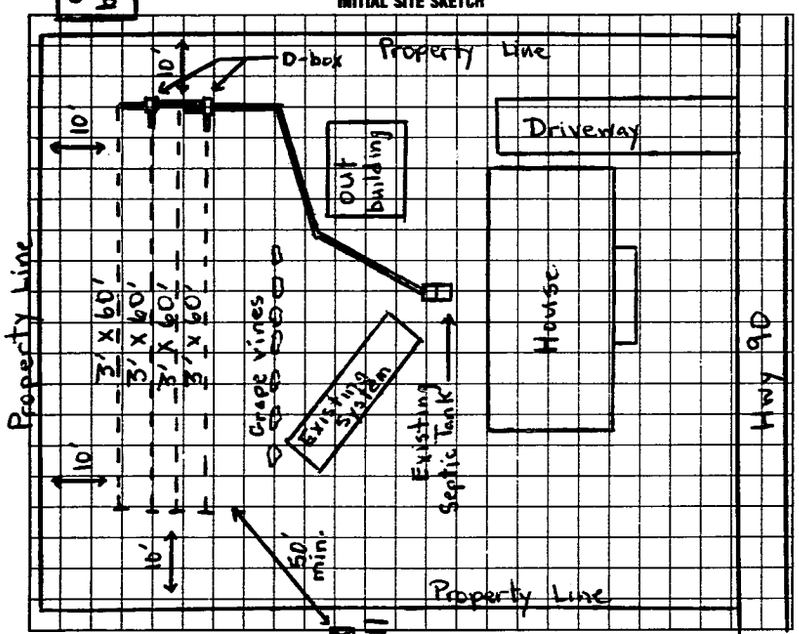
Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep Nitrification Lines on contour. Keep system 5' from any building foundation, 10' from any property line, and min. 50' from any well. Abandon existing drainfield, check integrity of septic tank, add new sanitary tee if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL SKETCH

* installed new sanitary tee in septic tank.
* recommend maple trees to be removed to keep roots out of tank and lines.

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.

X Signed: Virgie Hoffler

Improvement Permit by: Michael J. Dennis date 9-24-93

Existing System Inspection by: _____ date _____

Installed by: AAA Enterprises

Certificate of Completion by: Michael J. Dennis date 9-25-93

Operation Permit by: _____ date _____

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