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 4/21/94 TAX MAP NO. REPAIR Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR HAROLD MUNDAY PHONE: Business _____ Home 878-6327

ADDRESS RT. 17 BOX 104 STATESVILLE NC 28677

LOCATION NC 90 W, TR MONTICELLO DR, TL MILLER FARM RD, 2ND HOUSE ON (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA AMPLE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 18"

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

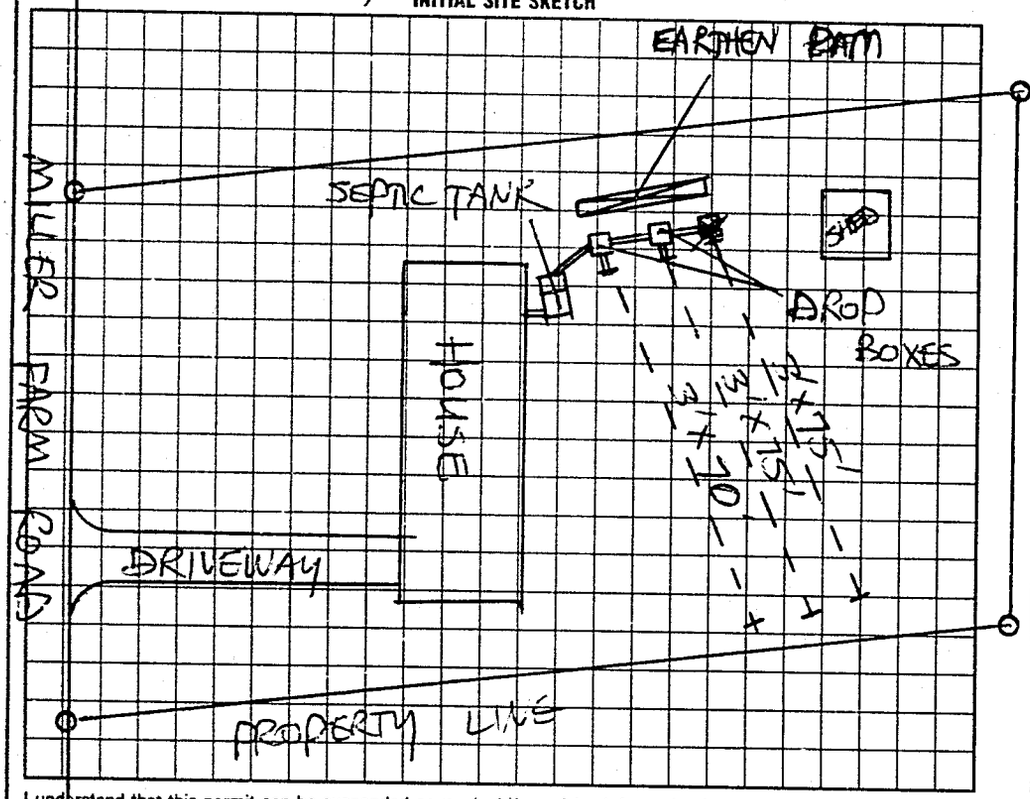
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: (1) CHECK SEPTIC TANK FOR INTEGRITY, REPLACE TEE IF NECESSARY (2) INSTALL NEW LINES ON CONTOUR AS SHOWN, USING 18" STONE (3) CROSS EXISTING LINES WHERE NECESSARY, DAM-UP TO PREVENT BLEED-THRU.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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 Harold A. Munday Jr.

Improvement Permit by: STEVE HENDRICK date 4/21/94

Existing System Inspection by: _____ date _____

Installed by: JAMES HUBLER

Certificate of Completion by: STEVE HENDRICK date 4/29/94

Operation Permit by: _____ date _____

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