3:00

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 57558

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

PROPERTY DESCRIPTION NO. City of Statesville DATE 9-12-95 TAX MAP NO. 6K-A-98 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Joseph & Marlea West PHONE: Business _____ Home 873-8024

ADDRESS 1124 Scotts Creek Rd. Statesville, N.C. 28677

LOCATION I40W TR Hwy 90 TR on to Montezello Rd. TR Monte Vista Dr Lot in corner of Monte Vista and Three Lindas Lane.

SUBDIVISION Monte Vista BLOCK / SECTION — LOT 2 LOT AREA 199 x 199 SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 12-22-95 ☑ New System ☐ Repair System Type: I II III IV V VI

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

System Description: Chambered graveless System

Repair System Description: " " "

Maintenance Agreement Required: ☐ Yes ☑ No

Nitrification Field: No Fields 1 Square Feet Equivalent to 800 Linear Feet 200'

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

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

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

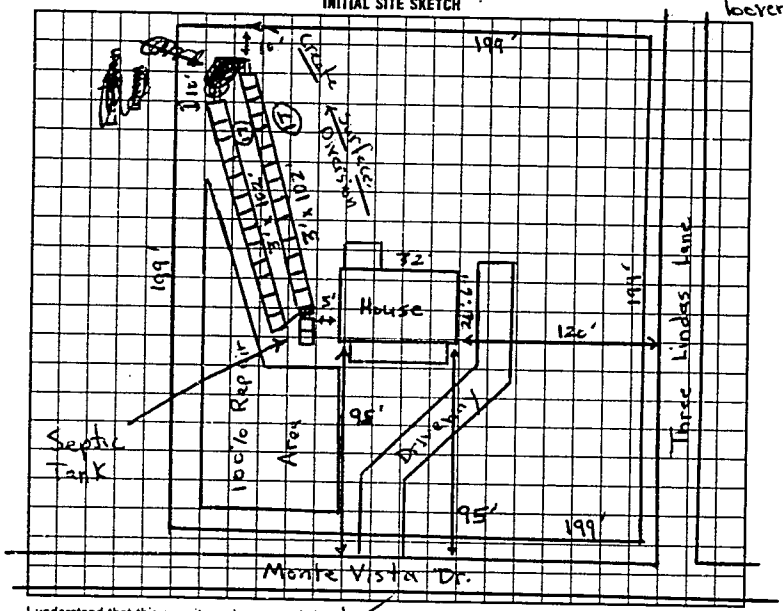
☐ Other ____

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: Install Chambered Graveless System. Install on contour. Keep system min. 5' from foundation of home, 10' from all property lines, and 10' from water line. Create surface diversion above system to route water around system. Bring in enough sand to fill around

Comments: Dist Box Installed Instead of cross over Pipe

### INITIAL SITE SKETCH




boxers. 100% Repair Area beside AS BUILT SKETCH

System, Chambered Graveless System, gravity fed.

* Manufacture must certify contractor before installation.

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.

Signed X Joseph B. West

Improvement Permit by Michael G. Dennis date 9-12-95

Existing System Inspection by _____ date _____

Installed by Harry Reep

Certificate of Completion by _____ date _____

Operation Permit by L.C. Moore date 3-13-96

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

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