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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. 16733 DATE 7/29/93 TAX MAP NO. PT of 9D-A-18

OWNER OR CONTRACTOR E. WAYNE POPE PHONE: Business _____ Home 873-3039

ADDRESS RT. 17, Box 20, STVL NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL MILLER FARM RD, TR DOE TRAIL, LOT ON (L) NEAR END

SUBDIVISION DEERCROFT BLOCK / SECTION I LOT 78 LOT AREA 110 x 238 SITE CLASS PS L.T.A.R. 0.33 GPD/FT2

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons: STB 358 Date 8-24-93

Pump Tank: _____ Gallons: PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

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

☑ 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

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

Garbage Disposal: ☐ Yes ~~☑ No~~

Auto. Dishwasher: ~~☑ Yes~~ ☐ No

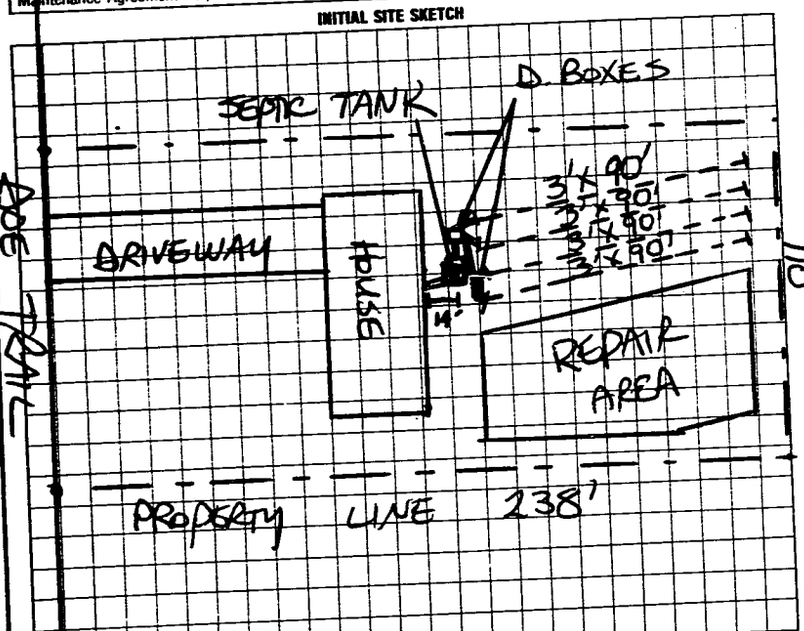
Auto. Washing Machine: ~~☑ Yes~~ ☐ No

Other _____

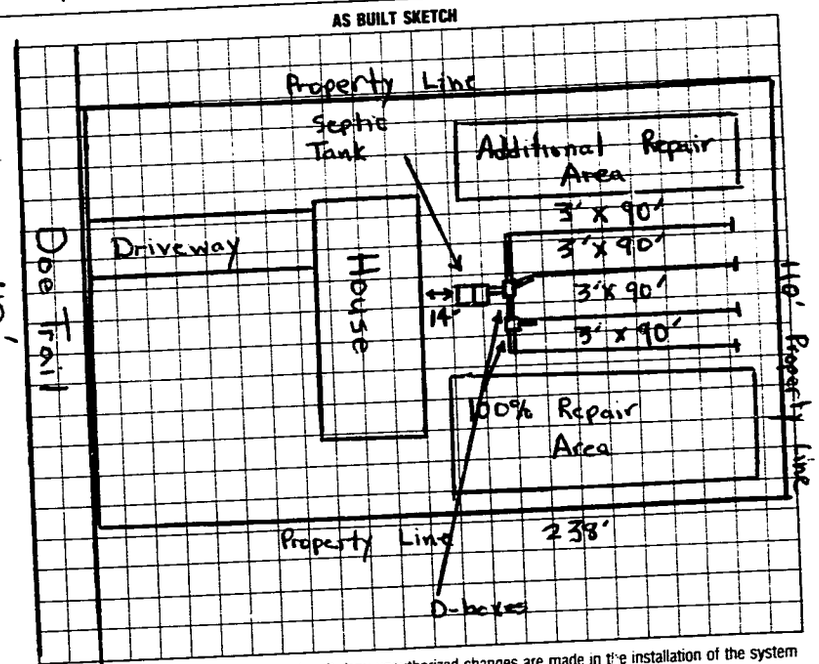
☐ Slab ~~☑ Crawl Space~~ ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 30", 9' ON CENTER

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 E Wayne Pope

Improvement Permit by: STEVE HEDRICK date 7/29/93

Existing System Inspection by: _____ date _____

Installed by: Eddie Yountz & Sons. date 10-1-93

Certificate of Completion by: Michael J. Dennis date _____

Operation Permit by: _____ date _____

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