IREDELL COUNTY HEALTH DEPARTMENT

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

50467

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

PROPERTY DESCRIPTION NO. 17868 DATE 2/23/94 TAX MAP NO. 9A-9-A-71 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR DAN MAHAFFEY PHONE: Business Home 876-1797

ADDRESS RT. 17, BOX 193, STVL, NC, 28677

LOCATION NC 115 N, TL SCOTTS CREEK, TL MILLER FARM, TR ANTLER DR, PS AT NORTHWEST CORNER OF ELK DRIVE

SUBDIVISION DEERCROFT BLOCK / SECTION II LOT 71 LOT AREA 110 x 239 x 118 x 219 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 12/20/93 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No. Units 1 Square Feet 1035 Linear Feet 345

No Lines 4 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

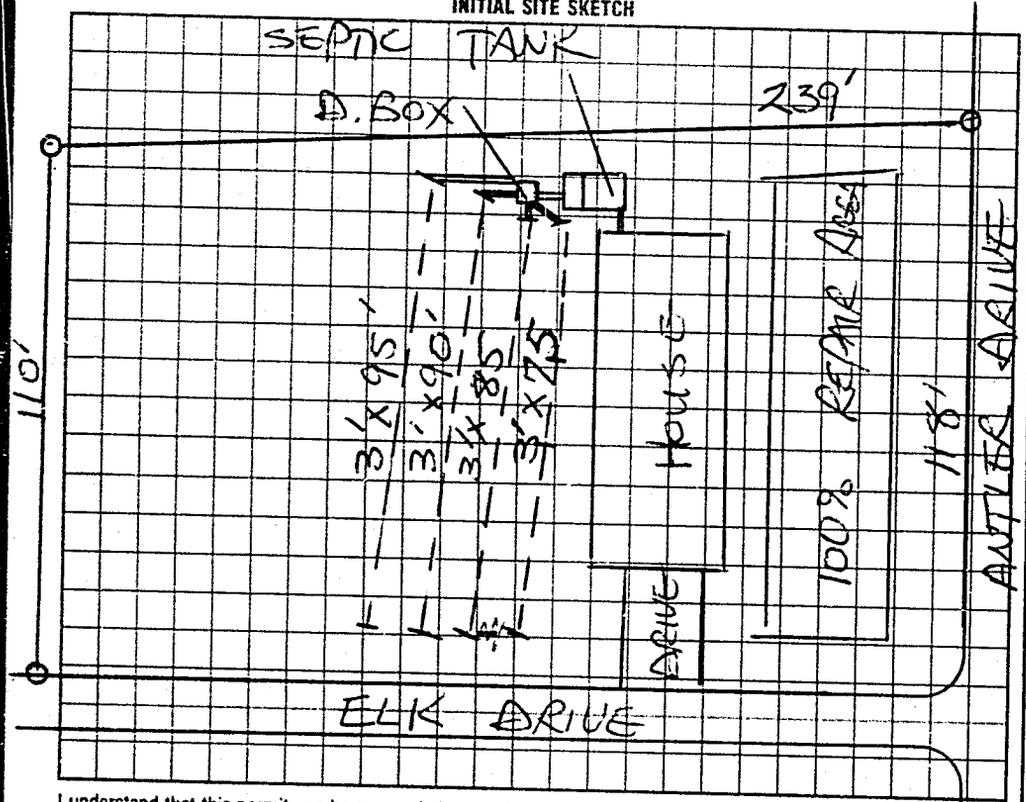
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

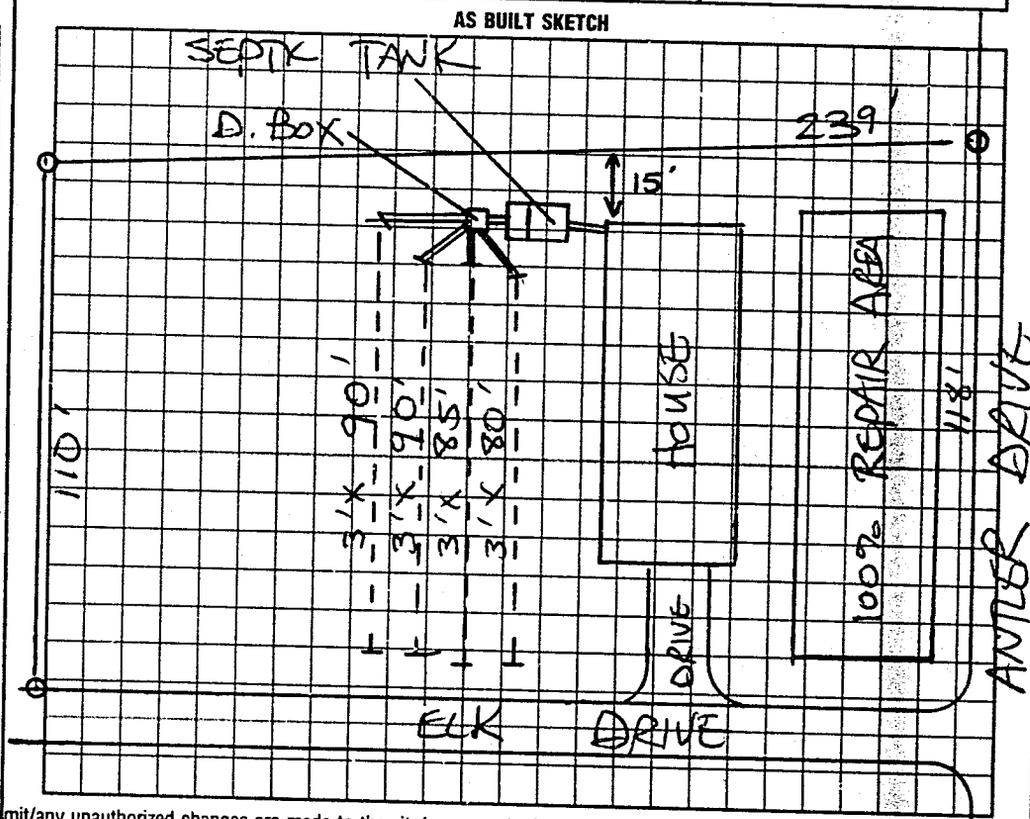
Comments: (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' O.C.

Comments: TANK LOCATION CHANGED DUE TO PROXIMITY TO PROPERTY LINE.

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 sitc/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: X D Mahaffey

Improvement Permit by: STEVE HEDRICK date 2/23/94

Existing System Inspection by: ____ date ____

Installed by: JAMES HUNTER

Certificate of Completion by: STEVE HEDRICK date 4/18/94

Operation Permit by: ____ date ____

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