48679

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. 16978 DATE 9/8/93 TAX MAP NO. 9A-9-A-73

OWNER OR CONTRACTOR JEFF T. ELLIS PHONE: Business Home 878-6633

ADDRESS RT. 15, BOX 19 STATESVILLE, NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL MILLER FARM RD, TR DOE TRAIL, 2ND LOT ON (L) BEFORE FK DR.

SUBDIVISION DEER PATH BLOCK / SECTION II LOT 73 LOT AREA 110 x 239 SITE CLASS. PS L.T.A.R. 0.35 GPD/FT²

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons: STB 358 Date 10/28/93

Pump Tank: ____ Gallons: PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 4 Trench Width 36" Trench Depth 18-36" 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 ____

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

Garbage Disposal: ☐ Yes ☑ No

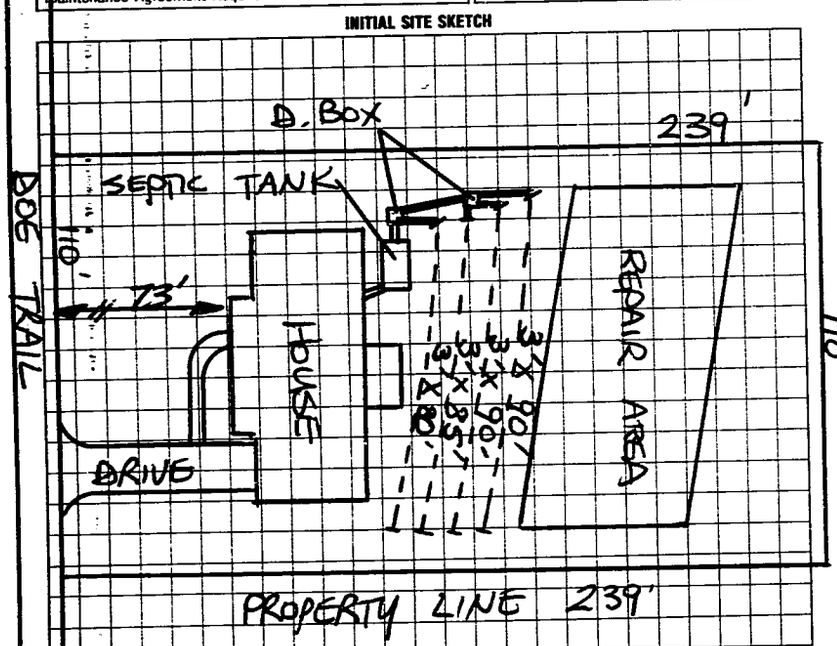
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other ____

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

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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

Improvement Permit by: STEVE HEDRICK date 9/9/93

Existing System Inspection by: ____ date ____

Installed by: DAVID YOUNTS

Certificate of Completion by: STEVE HEDRICK date 12/8/93

Operation Permit by: ____ date ____

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