# 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. 19228 DATE 8/17/94 TAX MAP NO. 9A-9-A-80 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR JOHN'S WELDING PHONE: Business _____ Home 873-7885

ADDRESS 1516 MOCKSVILLE HWY, STATESVILLE NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK, TL MILLER FARM, TR DOE TRAIL, 3RD LOT ON (R) PAST ELK DRIVE

SUBDIVISION DEERCROFT BLOCK / SECTION II LOT 80 LOT AREA 110' x 199' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 799 Date 9/15/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV., PUMP // GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

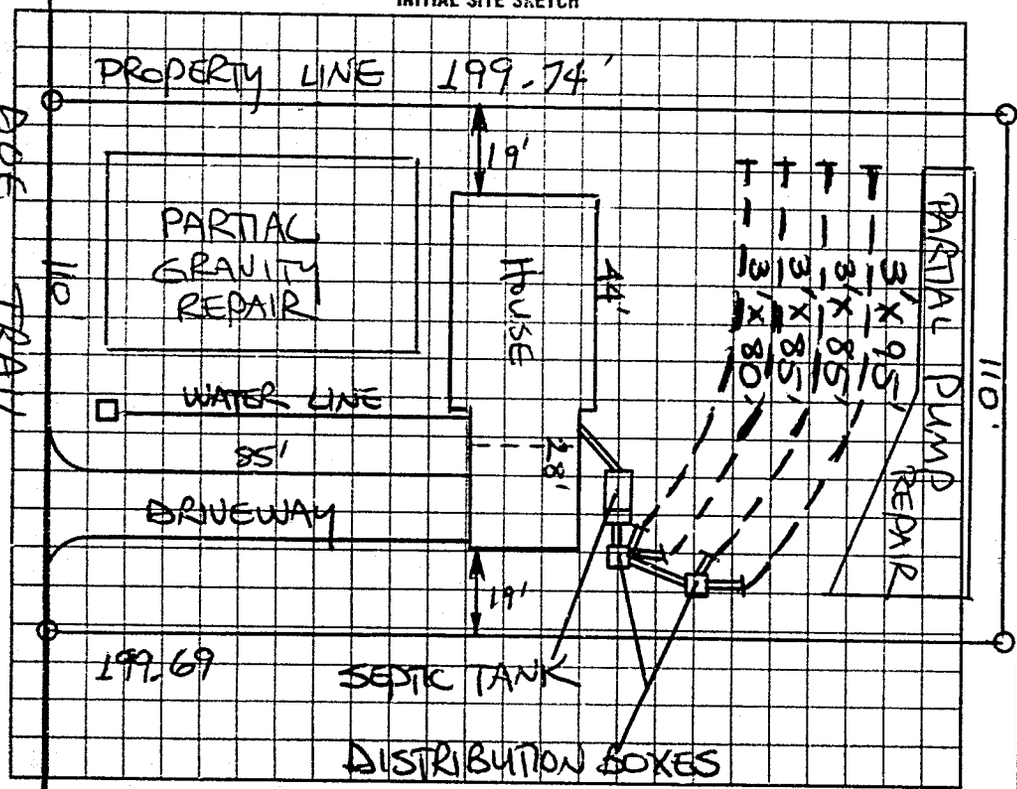
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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' APART ON CENTER.

Comments:

INITIAL SITE SKETCH




AS BUILT SKETCH

SYSTEM INSTALLED 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: Helen Morrell

Improvement Permit by: STEVE HEDRICK date 8/17/94

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 10/3/94

Operation Permit by: _____ date _____

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

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