41913

IREDELL COUNTY HEALTH DEPARTMENT

Self, William

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

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

PROPERTY DESCRIPTION NO. 116619 DATE 7/7/93 TAX MAP NO. PT. OF 9D-A-18

OWNER OR CONTRACTOR SELF HOMES INC. PHONE: Business Home 873-9612

ADDRESS P.O. BOX 1283 STATESVILLE, NC 28687

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL MILLER FARM RD, TR DOE TRAIL, BEGIN NE CORNER OF ELK DR

SUBDIVISION DEERCROFT BLOCK / SECTION I LOT 84 LOT AREA 110' x 200' SITE CLASS. B1 L.T.A.R. 0.35 GPD/FT2

Water Supply: ☐ Individual ☐ Community ☑ Public 1011 Date 6/20/93

Septic Tank: 1500 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____

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

No. Lines ____ Trench Width 36" Trench Depth 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 1/2 No. Employees ____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☐ Yes ☐ No

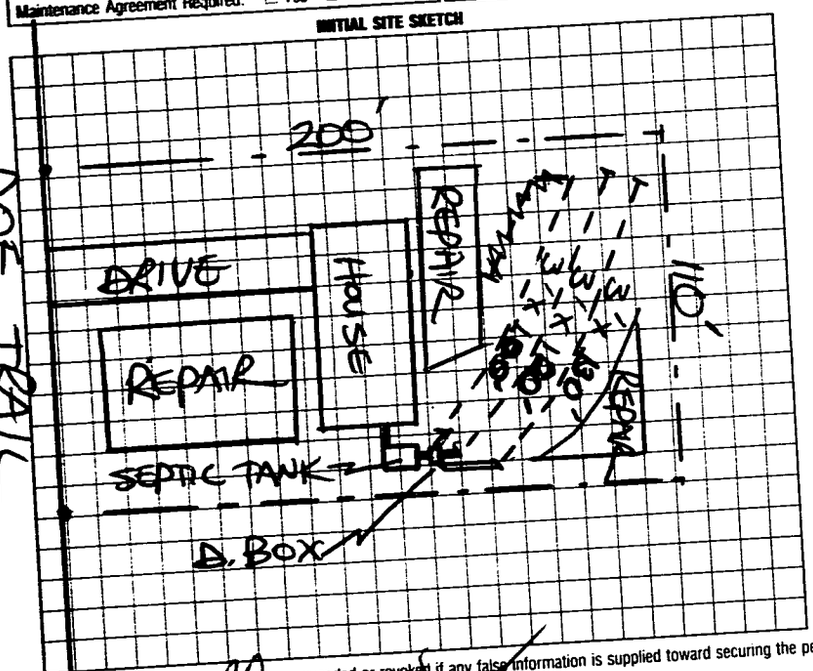
Other ____

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

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

DOE TRAIL

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 [signature] Installed by: JAMES HUDLER

Improvement Permit by: STEVE HEDRICK date 7/7/93 Certificate of Completion by: STEVE HEDRICK date 8/26/93

Existing System Inspection by: ____ 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