IREDELL COUNTY HEALTH DEPARTMENT

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

41839

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

PROPERTY DESCRIPTION NO. 1657 DATE 6/29/93 TAX MAP NO. 9-A-9-A-98

OWNER OR CONTRACTOR A.J. BUILDING Co. PHONE: Business Home 871-0940

ADDRESS RT. 12 BOX 184 STATESVILLE, NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL MILLER FARM RD, TR DOE TRAIL, TR ELK, TR CARRIBOU, TL WATTS

SUBDIVISION DEERCROFT BLOCK / SECTION II LOT 98 LOT AREA ~110x225' SITE CLASS PS L.T.A.R. 0.35 GPD/FT2

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB 358 Date 6/24/93

Pump Tank: ____ Gallons; PT ____ Date ____

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

No Lines ~~X~~ 3 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 No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

Garbage Disposal: ☐ Yes ~~☑ No~~

Auto. Dishwasher: ~~☑ Yes~~ ☐ No

Auto. Washing Machine: ~~☑ Yes~~ ☐ No

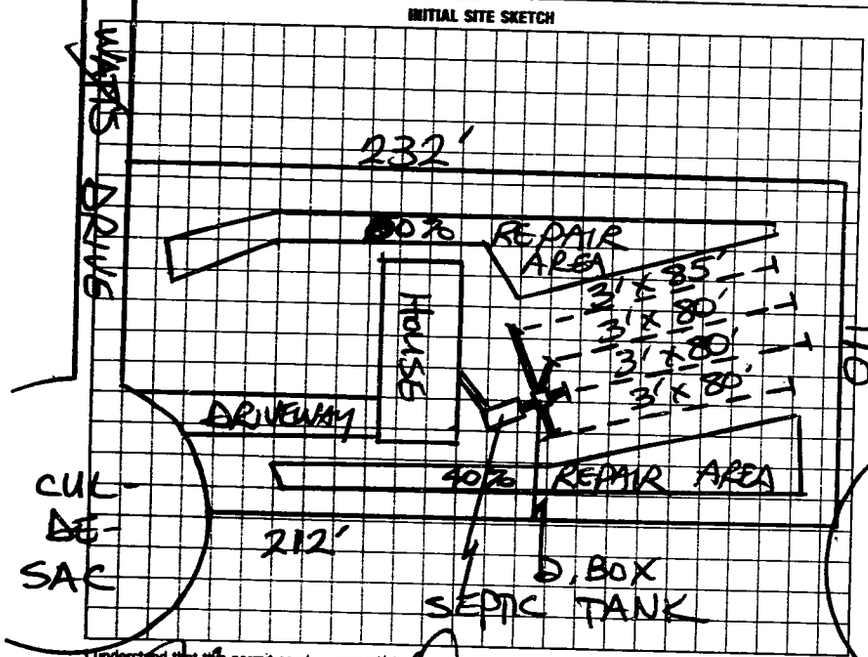
Other ____

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

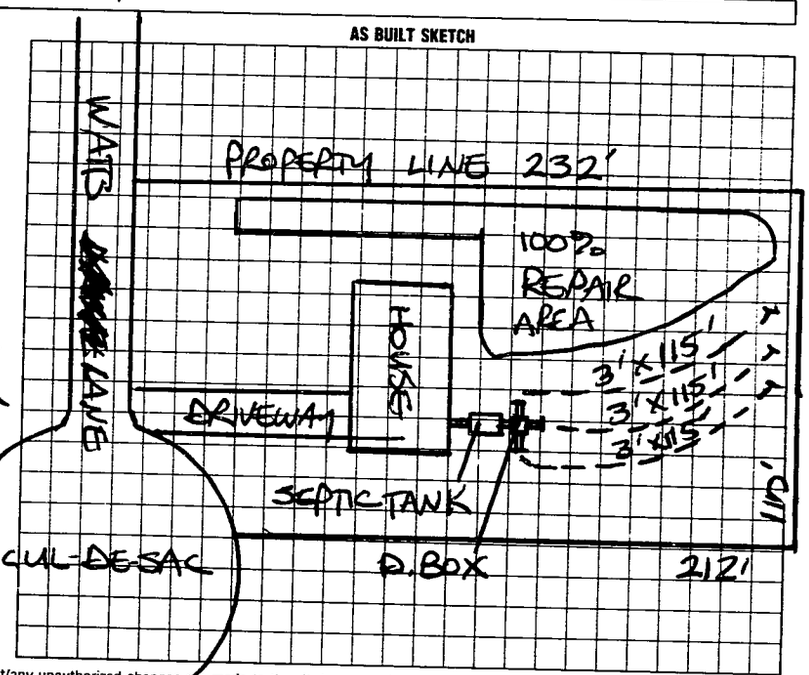
Comments ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE ② INSTALL LINES ON CONTOUR NO DEEPER THAN 36", 9' O.C.

AT END OF ①

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: [signature]

Improvement Permit by: STEVE HEDRICK date 6/29/93

Existing System Inspection by: ____ date ____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 8/19/93

Operation Permit by: ____ date ____

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

* SYSTEM CHANGED TO 3-LINES