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. 171394 DATE 10/5/93 TAX MAP NO. 14F-4-A-[redacted]3

OWNER OR CONTRACTOR W. G. HOPE PHONE: Business Home 592-9191

ADDRESS RT. 11, BOX 279-C, STATESVILLE, NC 28677

LOCATION NC 115 N, TL ESTATE DRIVE, 3RD LOT ON (L)

SUBDIVISION KING ESTATE BLOCK / SECTION LOT [redacted]3 LOT AREA AMPLE SITE CLASS. PS L.T.A.R. 0.4 GPD/FTC

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Septic Tank: 1000 Gallons; STB 1012 Date 8/2/93

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

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. PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

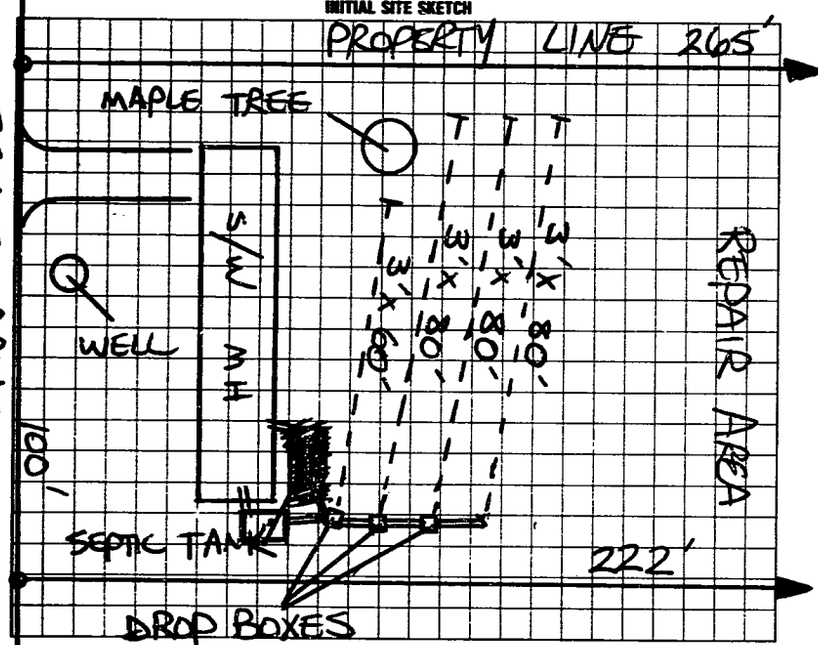
Other ____

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

Comments (1) KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, [redacted]50' FROM WELL. (2) INSTALL LINES ON CONTOUR, USING DROP BOX DISTRIBUTION, NO DEEPER THAN 36", 9' APART d.c

ESTATE DRIVE

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: W. G. Hope

Improvement Permit by: STEVE HEDRICK date 10/5/93

Existing System Inspection by: ____ date ____

Installed by: FORREST SHUFFORD

Certificate of Completion by: STEVE HEDRICK date 10/29/93

Operation Permit by: ____ date ____

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