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. Repair DATE 8-26-93 TAX MAP NO. Repair

OWNER OR CONTRACTOR Tommy Overcash PHONE: Business _____ Home 872-7596

ADDRESS Rt. 10 Box 380 Statesville, N.C. 28677

LOCATION Hwy 21 S toward troutman. TR Margrall Acres, bear R at fork, 1st house on L.

SUBDIVISION Margrall Acres BLOCK / SECTION _____ LOT — LOT AREA 200' x 175' SITE CLASS. Existing L.T.A.R. →

Water Supply: ☑ Individual ☐ Community ☐ Public well

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Trench Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I. II. II. IV. V. VI

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees —

☐ Other _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

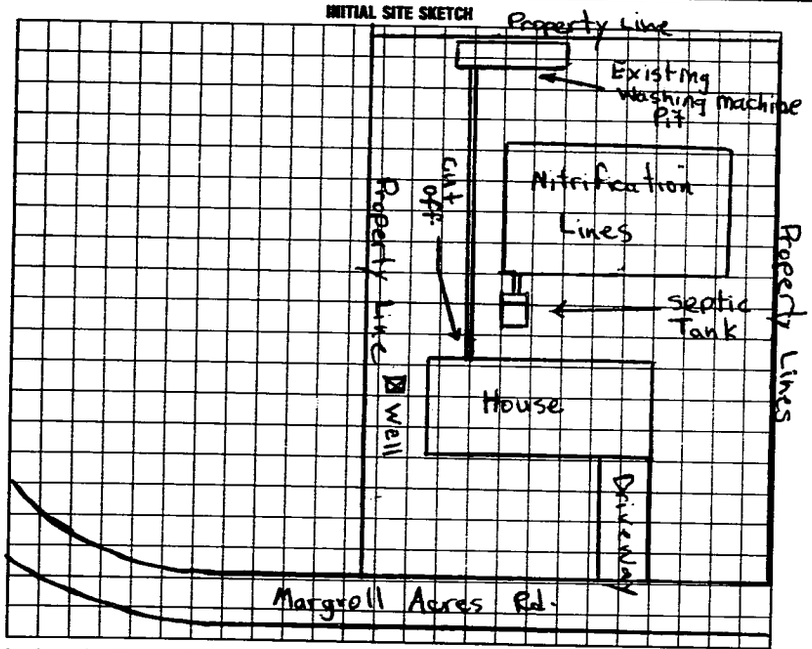
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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

Comments Install washing machine line into septic system, disconnect ~~washing~~ machine line to pit.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Installed washing machine line into septic system. Did so in basement thru plumbing. Capped of line going to existing washing machine pit.

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: Tommy Overcash

Improvement Permit by: Michael J. Dennis date 8-26-93

Existing System Inspection by: _____ date _____

Installed by: Tommy Overcash

Certificate of Completion by: Michael J. Dennis date 8-26-93

Operation Permit by: _____ date _____

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