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 6-30-93 TAX MAP NO. Repair

OWNER OR CONTRACTOR James Chambers PHONE: Business _____ Home 872-4255

ADDRESS Rt 10 Box 349 Statesville

LOCATION 215 To moose club Rd To Sigyuka To Crews Rd 4th on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☒ Individual ☐ Community ☐ Public

Septic Tank: Ex. Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines 3 Trench Width 36 Trench Depth 24 Gravel Depth 12

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

System Description: Conv. Gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☒ No

☐ Mobile Home No. Bathrooms 3 Auto. Dishwasher: ☐ Yes ☒ No

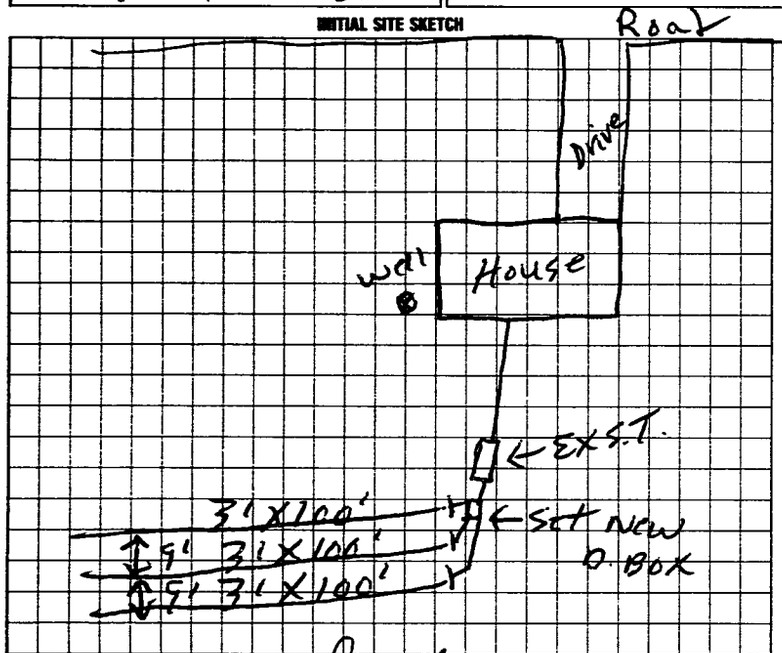
☐ Business No. Employees _____ Auto. Washing Machine: ☒ Yes ☐ No

☐ Other _____ Other _____

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

Comments Check Tanks & Replace Tee if necessary Also Replace Tank if necessary 1000 gal

INITIAL SITE SKETCH



AS BUILT SKETCH

- Used existing tank
- installed new sanitary tee.
- appears to be a leak in home. We let home owner know to check.

SAME AS INITIAL SKETCH

[J.C. Moore - checked out all but last line]

[Michael L. Dennis - checked out bottom drain line]

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: James G. Chambers

Improvement Permit by: J. C. Moore date 6-30-93

Existing System Inspection by: _____ date _____

Installed by: Culbertson & Son, Backhoe

Certificate of Completion by: J.C. Moore / Michael L. Dennis date 7-27-93

Operation Permit by: _____ date _____

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