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. City of Statesville DATE 5-8-95 TAX MAP NO. 6F-A-32 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Keith Gibbs PHONE: Business _____ Home 872-5139

ADDRESS 146 Wallace Springs Rd Statesville N.C. 28677

LOCATION Take Wilson Lee Blvd. TR Wallace Springs Rd 5th house on R.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA — SITE CLASS Existing DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model System Serial No. Inspection

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

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing System

Repair System Description: Inspection

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☑ Other Adding Bath, Den, and playroom

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

Water Supply: ☐ Individual ☐ Community ☑ Public

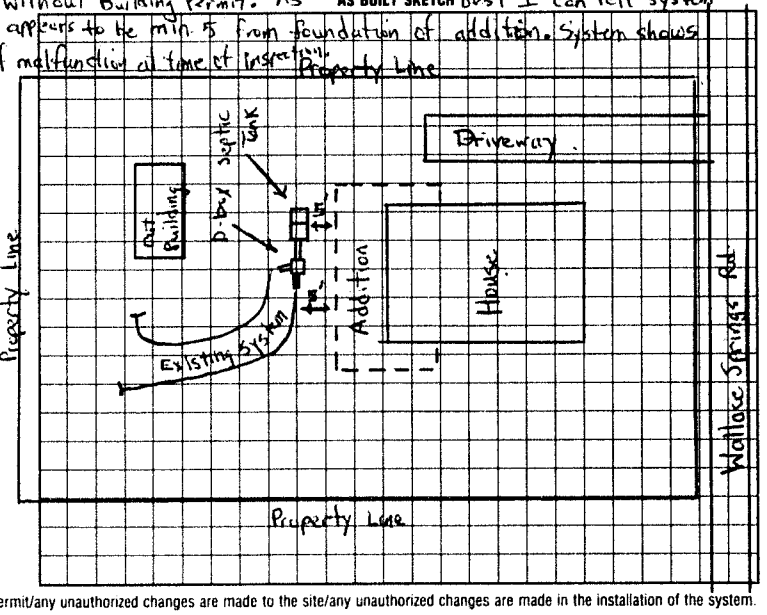
Comments:

Comments: Adding Bathroom, Den, and playroom to existing house. Additions not to be used as bedrooms. They can not contain closets. System Altered before permit issued, tank moved. Health Dept did not permit or inspected. Addition started without Building Permit. As best I can tell system appears to be min 5' from foundation of addition. System shows no visible signs of malfunction at time of inspection.

INITIAL SITE SKETCH

* This permit does not approve the alteration of the septic system. It only shows that system as is as of 5-8-95. It appears to be proper distance from foundation.

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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Michael G. Leonard date 5-8-95 Operation Permit by: _____ date _____

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