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 9-6-95 TAX MAP NO. Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR DEAN LEARY PHONE: Business Home 872-9619

ADDRESS 2031 S. CHIPLEY FORD STATESVILLE, NC 28677

LOCATION NC 115 N. TR S. CHIPLEY FORD, CROSS MORRISON CREEK, 1ST HOUSE ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA AMPLE SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees

☐ Other

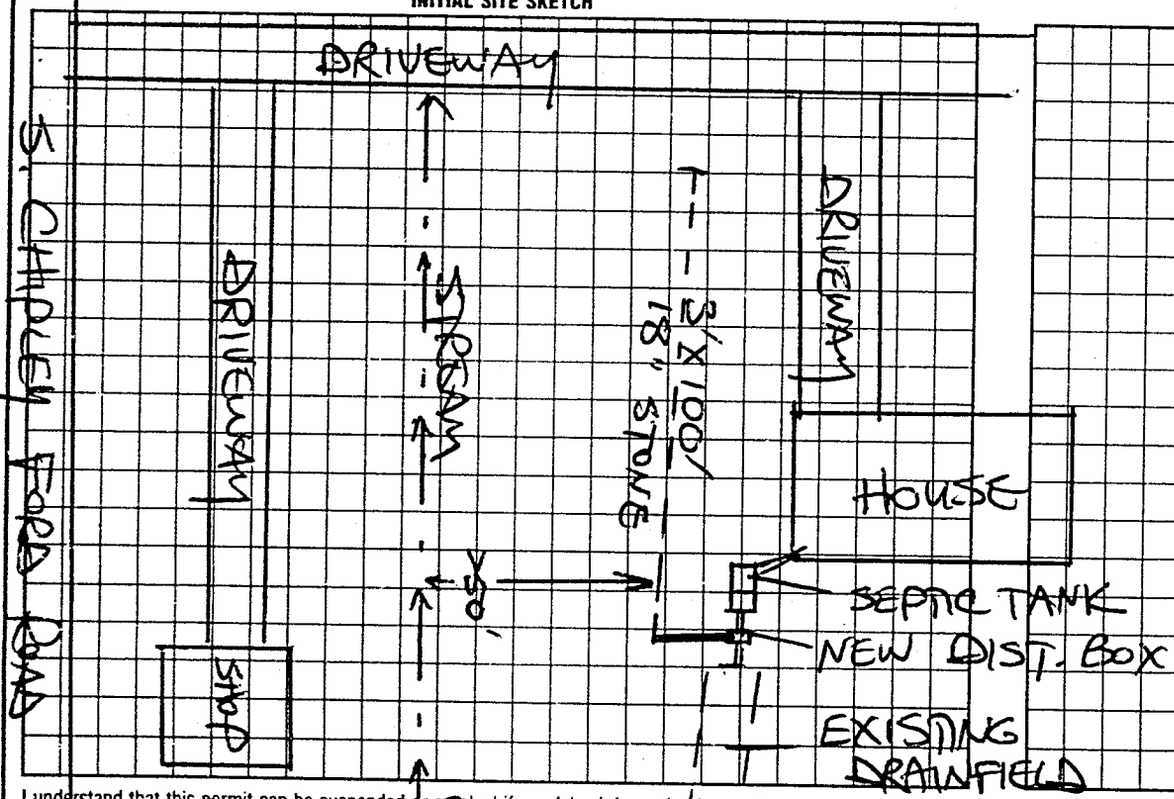
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: ① KEEP SYSTEM MINIMUM 50' FROM STREAM
② INSTALL NEW 3'X 100' USING 18" STONE
③ CHECK S.T. FOR INTEGRITY, REPLACE SANITARY TEE IF NECESSARY.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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.

Signed: William R. Leary

Improvement Permit by: STEVE HEDRICK date 9-6-95

Existing System Inspection by: date

Installed by: James Hutler

Certificate of Completion by: F. C. Moore date 9-29-95

Operation Permit by: date

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

95100