IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

4931

PROPERTY DESCRIPTION NO. 17335 DATE 10/27/93

OWNER OR CONTRACTOR WADE C. LEVAN PHONE: Business _____ TAX MAP NO. 10D-A-20-(9)

ADDRESS 1615 NIXON ROAD STATESVILLE, NC 28677 Home 876-6002

LOCATION NC 115 N, TL S. CHIPLEY FORD RD, TL 1ST STREET PAST FORT DOBBS, TL 1ST STREET LOT ON (L)

SUBDIVISION MEADOW OAKS BLOCK / SECTION _____ LOT 9 LOT AREA 1.39 AC. SITE CLASS PS L.T.A.R. 0.356 GPD/FT²

Water Supply: ☐ Individual ☐ Community ☑ Public 1012

Septic Tank: 1000 Gallons. STB 9/21/93 Date 9/21/93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines X2 Trench Width 36" Trench Depth 18-36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

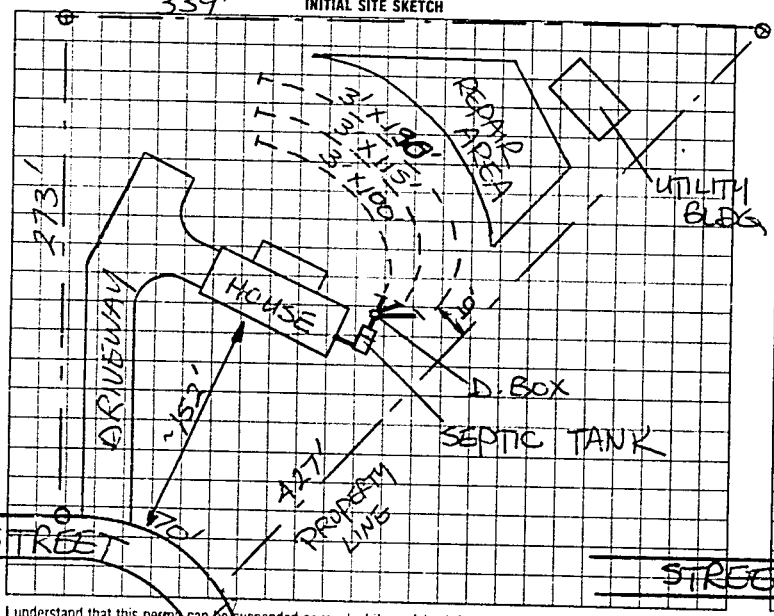
Other _____

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

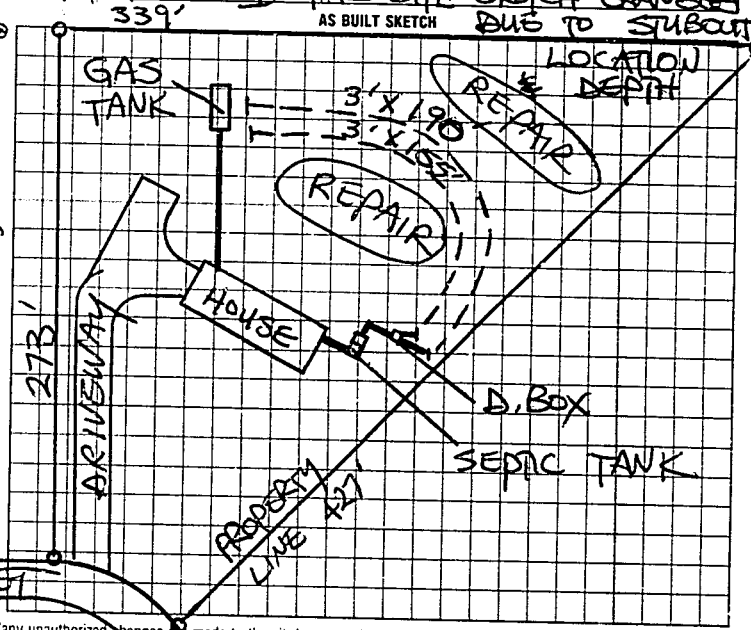
Comments (1) KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE; (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART ON CENTER

FINAL - * INITIAL SITE SKETCH CHANGED DUE TO SUBSOIL LOCATION & DEPTH

INITIAL SITE SKETCH



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: [signature]

Improvement Permit by: STEVE HEDRICK date 10/27/93

Existing System Inspection by: _____ date _____

Installed by: JAMES HUNTER

Certificate of Completion by: STEVE HEDRICK date 2/21/94

Operation Permit by: _____ date _____

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