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. 26369 DATE 4-7-97 TAX MAP NO. 4736 60 0045 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR M. B. Cline PHONE: Business Home 871 1393

ADDRESS 141 Cedar Lake Dr. Statesville

LOCATION 115N TR S. Chipley Ford TR Ft Dobbs Rd 1/4mi Rt

SUBDIVISION Dobbsview BLOCK / SECTION LOT 3 LOT AREA .71acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-21-97

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity Chambers

Repair System Description: Pump to "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

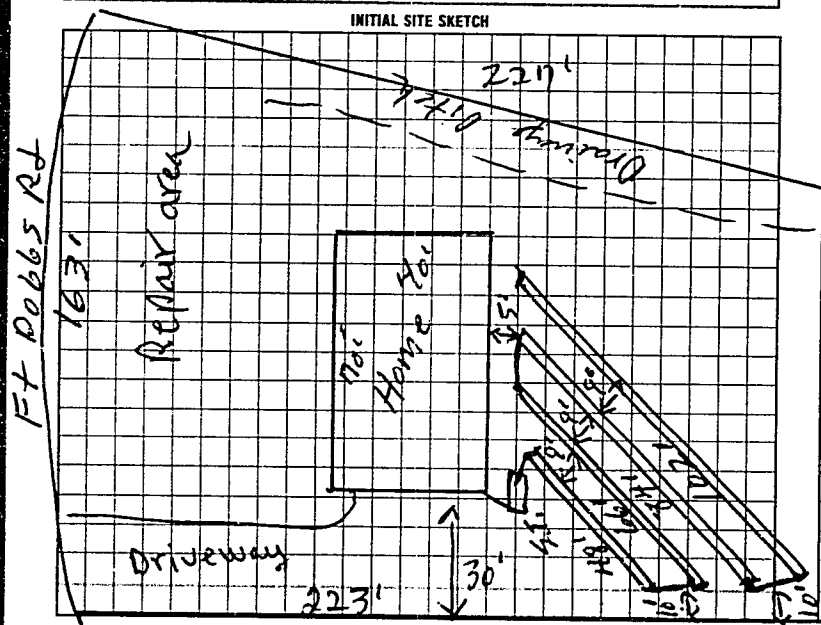
Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

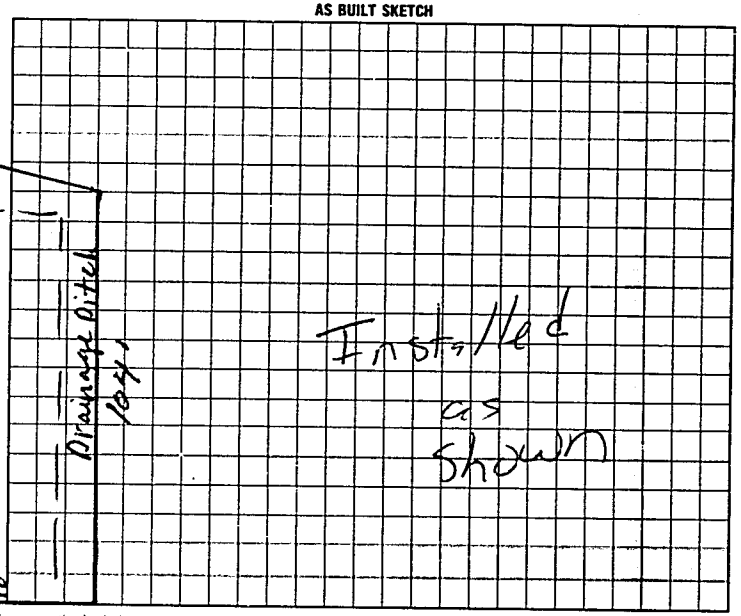
Comments:

* Keep all Footers 5ft from System

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.

Signed: M. B. Cline

Improvement Permit by: J. C. Moore date 4-7-97

Existing System Inspected by: J. C. Moore date 4-7-97

Authorization to Cover

Installed by: Tommy Frye

Certificate of Completion by: date

Operation Permit by: Mark Cutts date 7-31-97

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

Authorization to Count Expiver Lodge from issue