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. 20970 DATE 4/26/95 TAX MAP NO. 10M-A-12 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JOAN R. DIX PHONE: Business Home 876-4307

ADDRESS 151 WEST WINDS LOOP, STATESVILLE NC 28677

LOCATION NC 115 N TR BRANCHWOOD, TR 151 WESTWINDS LOOP ENT, MH ON (R) NEAL END.

SUBDIVISION WESTWINDS MHP BLOCK / SECTION LOT 20 LOT AREA SITE CLASS. DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 2 Trench Width Max Trench Bottom Depth Gravel Depth 12"

☐ 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

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

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

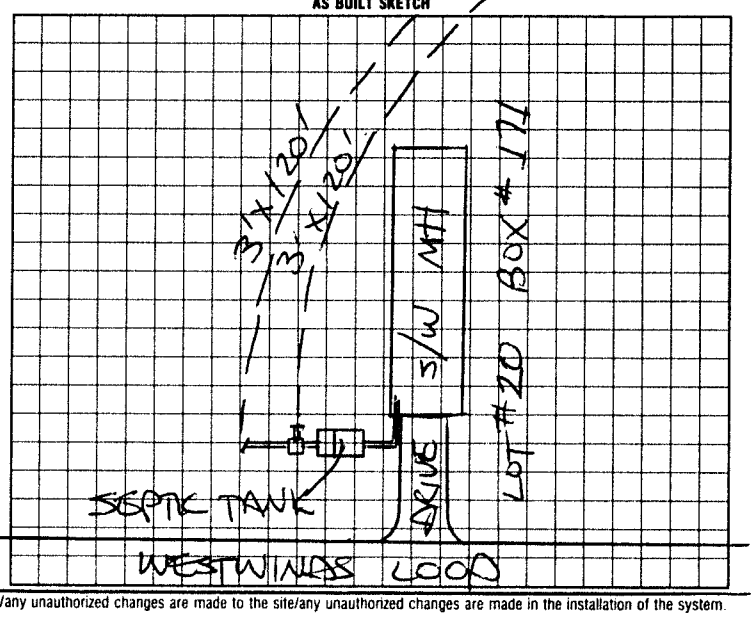
Water Supply:
☐ Individual
☒ Community
☐ Public
WELL

Comments:

Comments: KEEP MH MINIMUM 5' 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. Improvement Permit is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: date

Existing System Inspection by: STEVE HENDRICK date 4/26/95

Installed by:

Certificate of Completion by: date

Operation Permit by: date

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