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. 16472 DATE 6-15-93 TAX MAP NO. 6B-B-56

OWNER OR CONTRACTOR [redacted] Randy & Barbara Bass PHONE: Business 872 8826 Home 872 1323

ADDRESS Rt 10 Box 332 Statesville, N.C.

LOCATION Hyw 21 S To moose club Rd TR Duck Creek Rd before Creek on Rt

SUBDIVISION Bass Propiety BLOCK / SECTION ____ LOT 2 LOT AREA 2 acres SITE CLASS. ____ L.T.A.R. .3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 1012 Date 5-8-93

Pump Tank: 1000 Gallons; PT 17 Date 7-1-91

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36 Trench Depth 24 Gravel Depth 12

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

System Description: Pump To conv. Lines

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other ____

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☐ Yes ☐ No

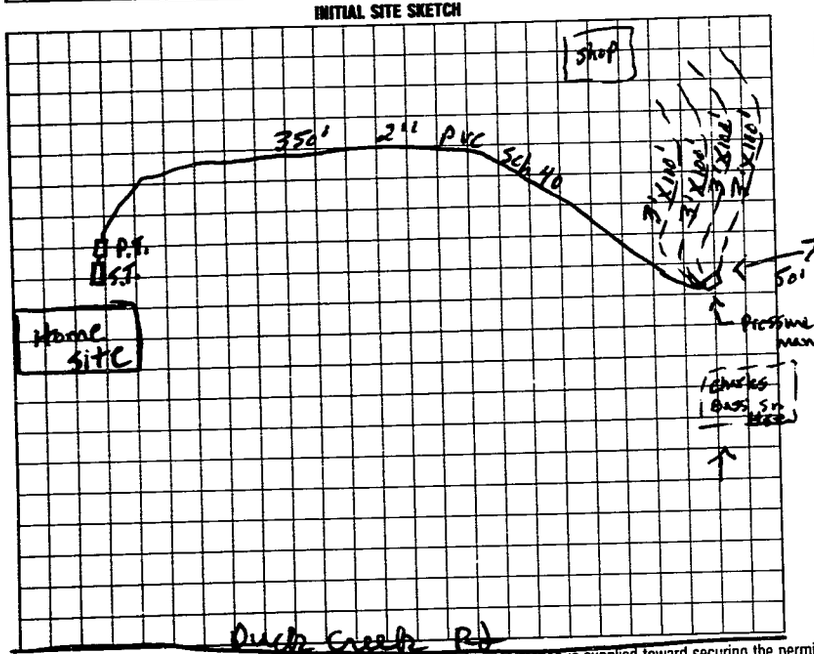
Auto. Washing Machine: ☐ Yes ☐ No

Other ____

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

Comments 1. use A Pump That will deliver 30 gal/min at 50' TDH
2. use a Pressure manifold with (4) 1½" Taps
3. set The Pump according to the attached Drawing

INITIAL SITE SKETCH



AS BUILT SKETCH

Hydromatic 50 set will deliver 36 gal at 50' TDH

(same as initial sketch)

wire Pump + Alarm according to Iredell Co. Building Insp standards

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: Barbara Bass

Improvement Permit by: L.C. moore date 6-15-93

Existing System Inspection by: ____ date ____

Installed by: ____

Certificate of Completion by: ____ date ____

Operation Permit by: L.C. moore date 6-18-93

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