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 9-11-97 TAX MAP NO. Repair Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Suzy LaFone PHONE: Business 872-2280 Home

ADDRESS 236 West Edison Drive Statesville

LOCATION 2IN TL Shumaker TL West Debbie TR west Edison 1st House on left

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

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 2 Square Feet Linear Feet 225

No Lines 3 Trench Width 36in Max Trench Bottom Depth 36in

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

System Description:

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1½

☐ Business No. Employees

☐ Other

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

Water Supply: ☐ Individual ☐ Community ☒ Public

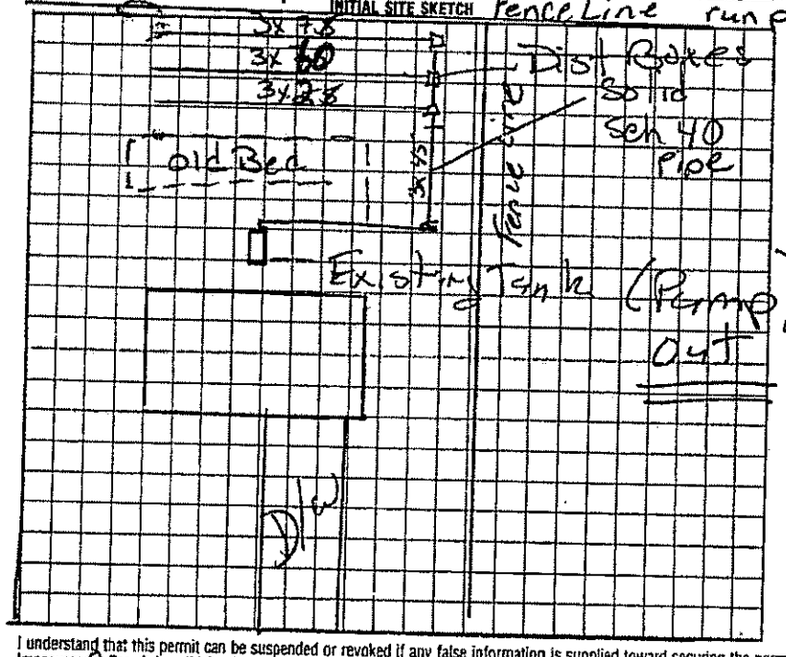
Comments: 3 lines With 18 inch Stone

Keep 5Ft From property Lines

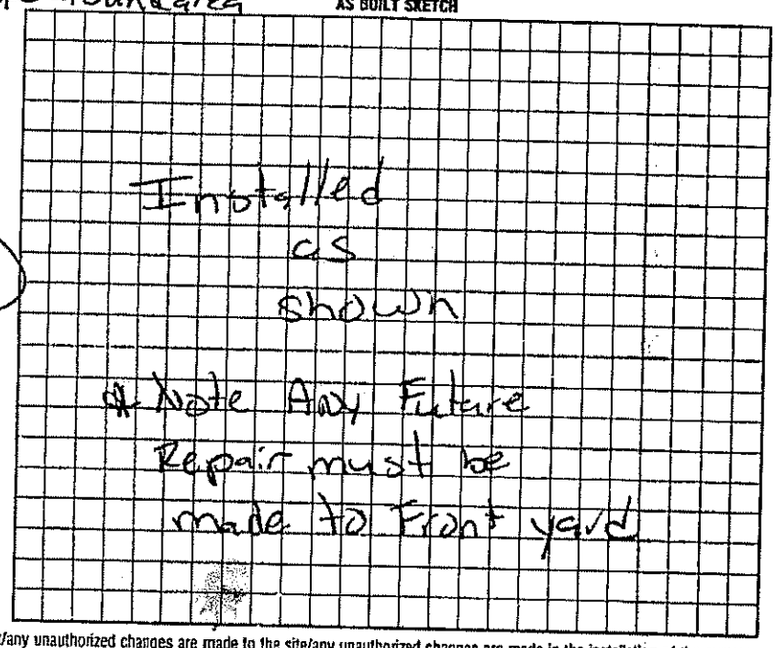
Owners may put pool between tank and old line

Comments:

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: Suzy M. LaFone

Improvement Permit by: M Mac Coffers date 9-11-97

Existing System Inspection by: M Mac Coffers date 9-11-97

Installed by: Donald Lackey

Certificate of Completion by: date

Operation Permit by: M Mac Coffers date 10-31-97

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