IREDELL COUNTY HEALTH DEPARTMENT

4750988152

1:30

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

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

PROPERTY DESCRIPTION NO. 069010 DATE 9/10/97 TAX MAP NO. 4760096253 PT

OWNER OR CONTRACTOR Brian T Overcash PHONE: Business _____ Watershed: ☐ Yes ☐ No

ADDRESS 119 Shady Wood Ln Statesville NC 28677 Home (704) 872-7596

LOCATION 377 Weathers Creek - 2 1/2 N past I-77 TR Oswalt/Amity Rd ~ 2 miles to Overcash Rd TL Weathers Creek (across from Pleasant Ridge)

SUBDIVISION _____ BLOCK / SECTION _____ LOT ~~1.0~~ LOT AREA 1.0 Acre SITE CLASS. PS. DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: _____ Gallons; STB 835 Date 8/11/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 8 at 50' Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth 12"

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

System Description: Grav - Conventional

Repair System Description: Conventional

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 _____

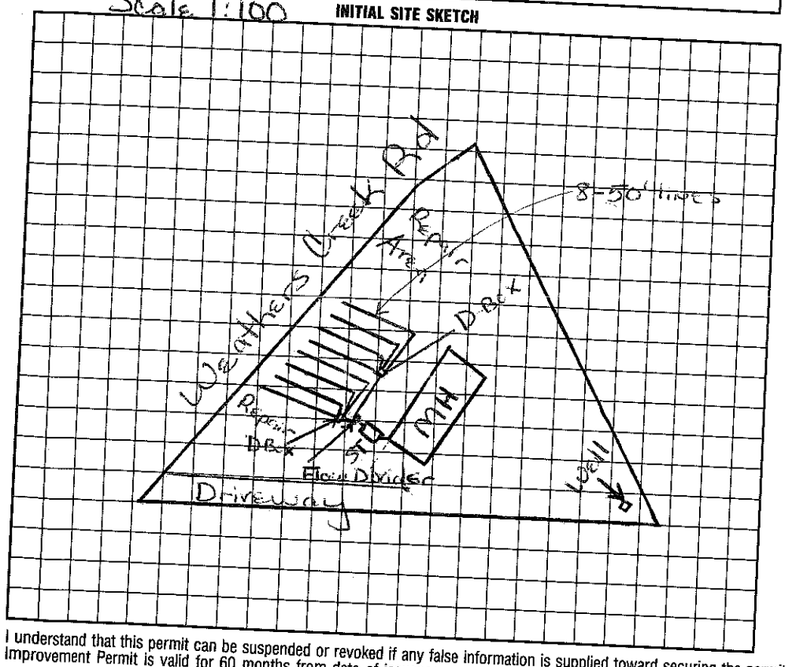
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: (Installer Can put 6 lines at 67' if there's room) Keep Septic & Drain lines 10' from Property lines & 100' from well.

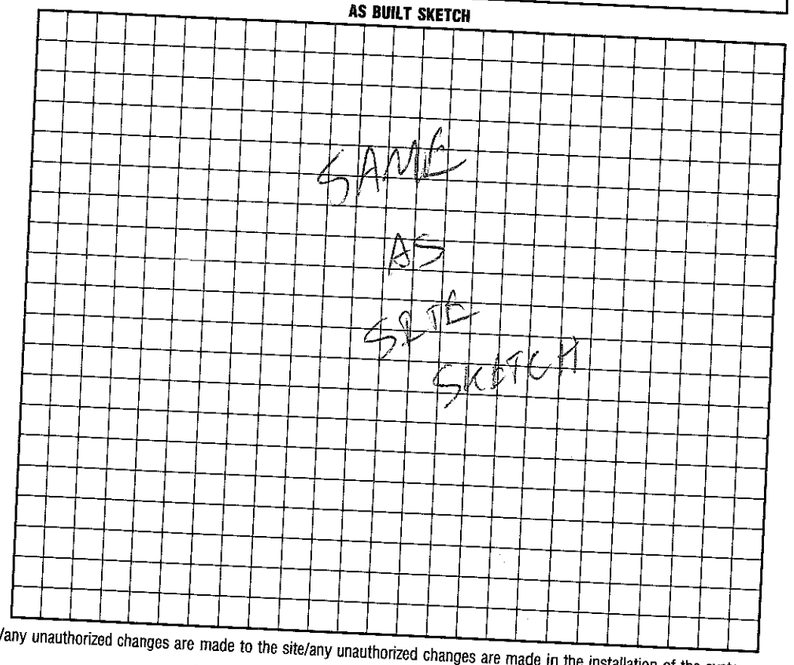
Comments: HOUSE NOT LOCATED AT TIME OF INSPECTION

Scale 1:100

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: Brian Overcash

Improvement Permit by: Maina H.H. Dotson date 9/10/97

~~Existing System~~ Inspection by: Maina H.H. Dotson date 9/10/97

Construct Auth.

Installed by: WAYNE CLONTZ

Certificate of Completion by: _____ date _____

Operation Permit by: C. Ray Zeman RS date 10/10/97

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