060005

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. Statesville DATE 4-9-96 TAX MAP NO. 5L-A-51 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR James S. Lentz PHONE: Business _____ Home 872-2754

ADDRESS 259 Barkley Rd Statesville, N.C.

LOCATION 70E TR Barkley Rd atend Tr E. Barkley 1/4mi Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 200'X200' SITE CLASS. 5 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 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

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

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

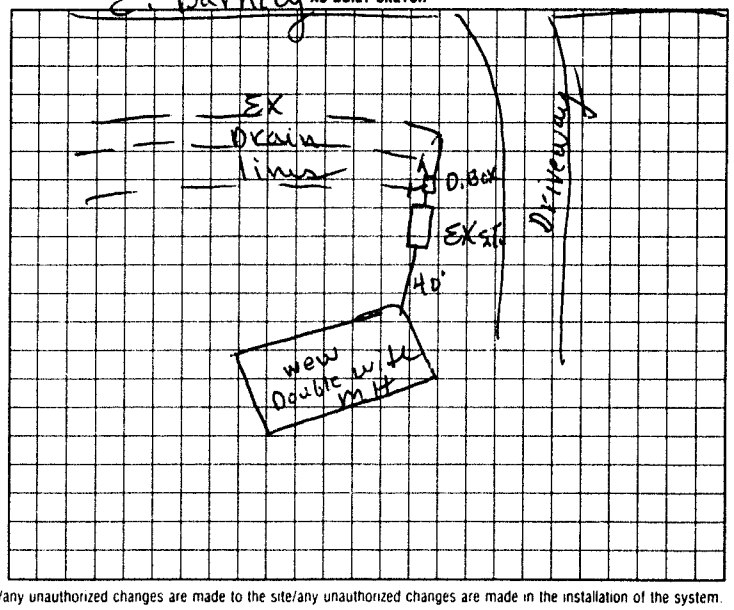
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH

E. Barkley Rt 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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: R. C. moore date 4-9-96

Installed by J.C. Forsyth

Certificate of Completion by R. C. moore date 1986

Operation Permit by _____ date _____

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