4761136307

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. 18038 DATE 3/17/94 TAX MAP NO. 5B-A-66 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Dorothy Ramsey PHONE: Business _____ Home 871-8240

ADDRESS Rt 7 Box 273 Statesville, NC. 28115

LOCATION Oswalt Amity Rd. off 115 N, pass Weather Creek on (R) at first drive through property to trailer in woods

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA ~3.8 Ac SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 ✓ Gallons; STB 10 12 Date ~~No DATE~~ 3/17/94

Pump Tank: NA Gallons; PT _____ Date _____

Pump Make: NA Model _____ Serial No. _____

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

No Lines ~~4~~ 3 Trench Width ~~36~~ 31 Max Trench Bottom Depth 30-32" Gravel Depth 12"

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

System Description: CONV - DIST BOX

Repair System Description: PRESS. CONV.

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

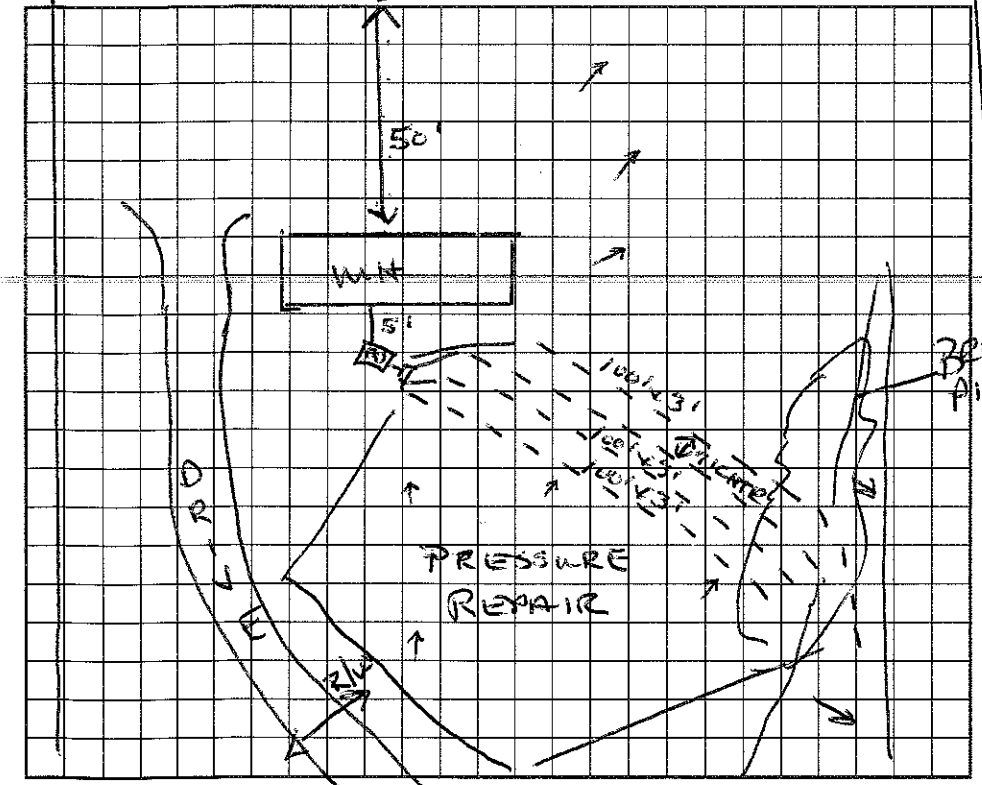
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public EXISTING

Comments: Trinity center - Septic Tank set shallow as possible - Maximum trench depth 32"

Comments: Installed as shown.

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: Dorothy Ramsey OSWALT AMITY RD.

Improvement Permit by: Wesley Sparks RS. date 3/17/94

Existing System Inspection by: _____ date _____

Installed by: Clyde Young

Certificate of Completion by: Wesley Sparks RS. date 5/17/94

Operation Permit by: _____ date _____

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