IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 9:30 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 22136 DATE 9-20-95 TAX MAP NO. 5B-3-A-39 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Arthur Mahon PHONE: Business ______ Home 528 9552

ADDRESS 109 Kidd Ct. Statesville

LOCATION 70E TR Bethesda TR Reuben

SUBDIVISION Beechwood BLOCK / SECTION ______ LOT 39 LOT AREA 6 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 774 Date 6-27-95

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1045 Linear Feet 345

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: conv. gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

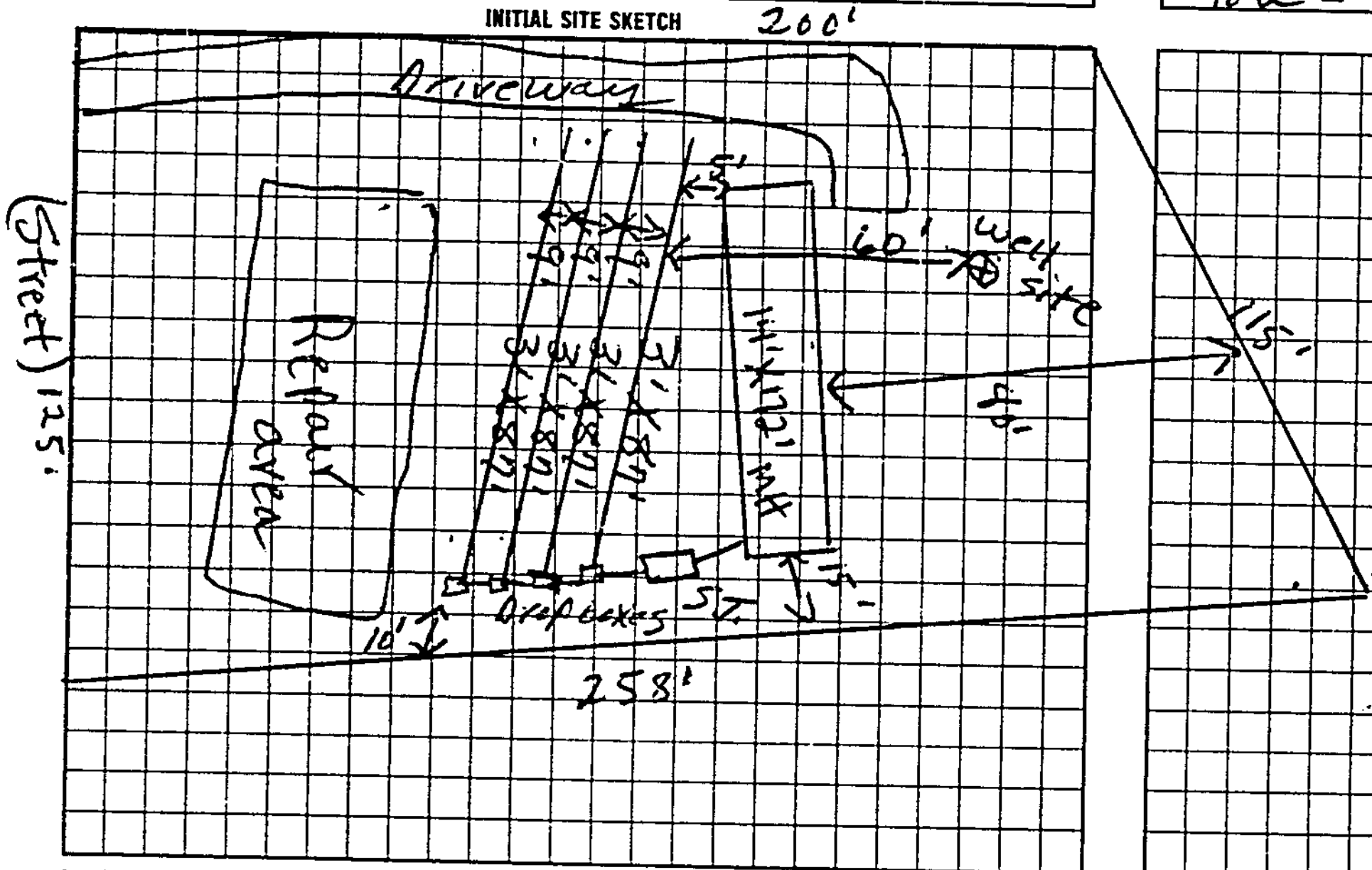
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Well & mobile Home were not on site at time of this inspection - locate as shown on initial sketch

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: Arthur Mahon

Improvement Permit by: L. C. Moore date 9-20-95

Existing System Inspection by: ______ date ______

Installed by: Andy Daniels

Certificate of Completion by: L. C. Moore date 9-28-95

Operation Permit by: ______ date ______

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

262100