49744

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. 17420 DATE 11-15-93 TAX MAP NO. 5B-2-A-5 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR William Connell PHONE: Business _____ Home 528-5906

ADDRESS Rt 7 Box 504 Statesville, N.C.

LOCATION 70E TR Bethesda Rd TR Fieldcrest Dr. 1ST on RT

SUBDIVISION Woodhaven BLOCK / SECTION I LOT 5 LOT AREA .905acres SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 358 Date 11-15-93
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines 2 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

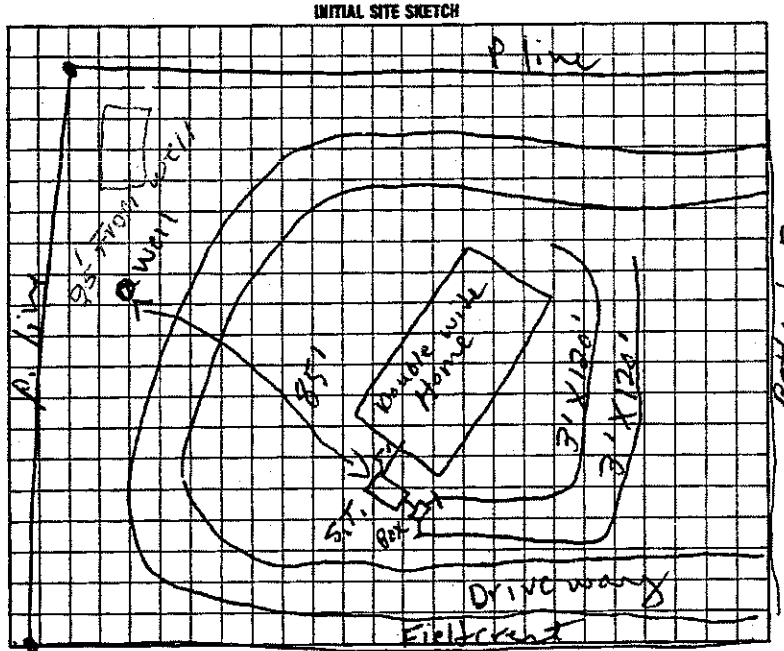
☐ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments:

Comments: 100% Repair Area not shown on permit
Home and well located at time of inspection

INITIAL SITE SKETCH



AS BUILT SKETCH

Location of the proposed 20x24' storage building addition does not appear to impact the existing on-site septic system.**NOTE: ~~2~~ 25' from existing well

REHS

Date: 2-26-13

CHD-Environmental Health Division

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: John E Connell

Improvement Permit by: R. C. Moore date 11-15-93

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: Michael Q. Dennis date 12-28-93

Operation Permit by: _____ date _____

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