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 RTN Box 504 Statesville, NC.

LOCATION 705 TR Bethania Rd. TR Fieldcrest Dr. 1st on rt

SUBDIVISION West Haven 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 ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

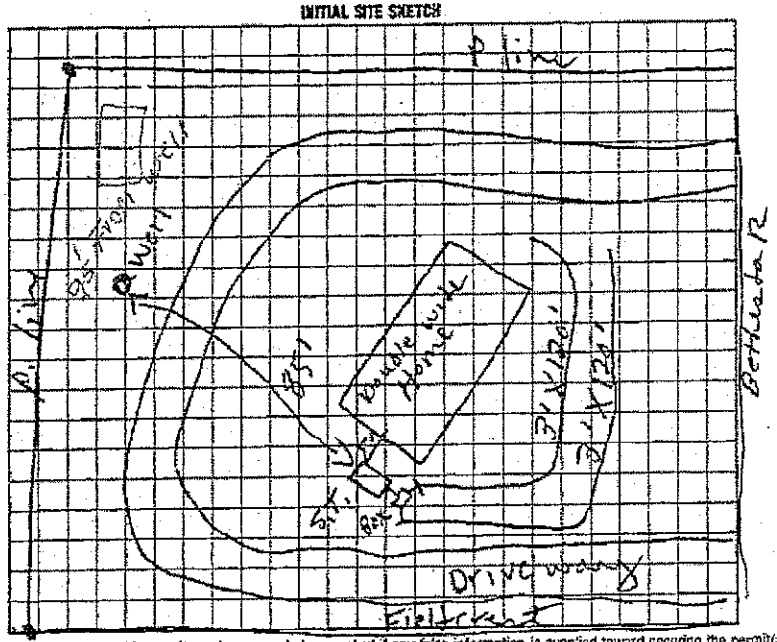
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

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 20×24' storage building addition does not appear to impact the existing on-site septic system.**NOTE: ≥ 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: P. C. Moore date 11-15-93

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: Michael Q. Downs 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