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. 16961 DATE 9/8/93 TAX MAP NO. 55-15-A-55

OWNER OR CONTRACTOR BOBBY MILLER PHONE: Business 876-0874 Home 872-0820

ADDRESS RT. 1 BOX 263, STATESVILLE, NC 28677

LOCATION US 64 E, TR FLOYD DR, TL DINER LN, BEAR (L), LAST MH on (R)

SUBDIVISION VALLEY STREAM MHP BLOCK / SECTION ____ LOT 12 LOT AREA LIMITED SITE CLASS. PS L.T.A.R. EXISTING

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields 2 Square Feet 450 Linear Feet 6'x75' BED

No BED 1 Trench Width 6' Trench Depth 24-30 Gravel Depth ____

☐ 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 2 No. Bathrooms 2 No. Employees ____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

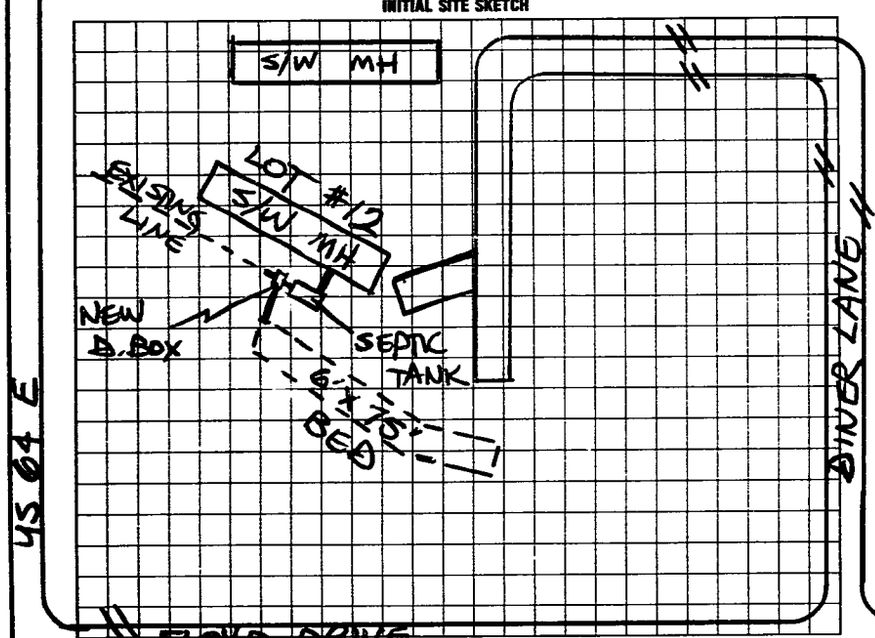
Auto. Washing Machine: ☑ Yes ☐ No

Other ____

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

Comments ① CHECK SEPTIC TANK FOR INTEGRITY, PUMP OUT & REPLACE SANITARY TEE IF NECESSARY ② INSTALL NEW D. BOX AT LOCATION SHOWN ③ INSTALL NEW 6'x75' BED AS SHOWN ON CONTOUR, NO DEEPER THAN 30", USING 18" STONE.

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: David Millsaps

Improvement Permit by: STEVE HEDRICK date 9/8/93

Existing System Inspection by: ____ date ____

Installed by: DONALD LACKEY

Certificate of Completion by: STEVE HEDRICK date 10/5/93

Operation Permit by: ____ date ____

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