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. _____ DATE 6-1-93 TAX MAP NO. _____

OWNER OR CONTRACTOR David Milsaps PHONE: Business same Home 873-1371

ADDRESS 1124 Radio Road Statesville, N.C. 28677

LOCATION US 64E past Bell Rd 1/2 mi TR, Private Rd 1/8 mi on left

SUBDIVISION Valley Stream MHP BLOCK / SECTION _____ LOT 8 LOT AREA _____ SITE CLASS. _____ L.T.A.R. .3

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: Ex. Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 2 Square Feet 720 Linear Feet 240

No Lines 2 Trench Width 72" Trench Depth 24" Gravel Depth 18"

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

System Description: _____

Repair System Description: Grav. Conv

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms _____ Garbage Disposal: ☐ Yes ☐ No

☐ Mobile Home No. Bathrooms _____ Auto. Dishwasher: ☐ Yes ☐ No

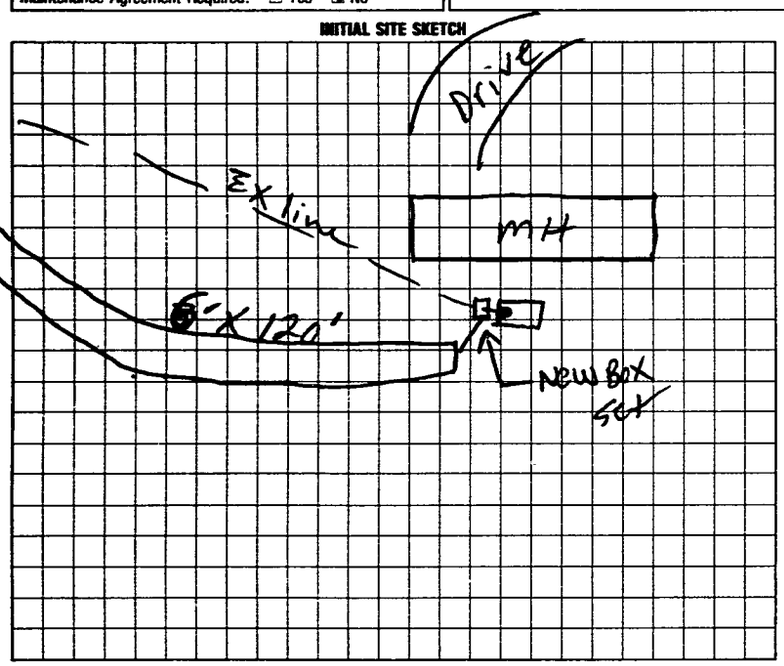
☐ Business No. Employees _____ Auto. Washing Machine: ☐ Yes ☐ No

☐ Other _____ Other _____

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

Comments Set New Tee + D. Box

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

Signed: David Milsaps

Improvement Permit by: J.C. Moore date 6-1-93

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: J.C. Moore date 6-7-93

Operation Permit by: _____ date _____

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