PD # 17313 49484

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. 5E-2-A-93 DATE 10-26-93 TAX MAP NO. 5E-2-A-93 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Michael Whitehead PHONE: Business _____ Home 873-0958

ADDRESS Rt 13 Box 159-B Sta.

LOCATION 705 TR Triplett TL water mass at end TR Gone a Ways on rt end

SUBDIVISION Hillcrest Ridge BLOCK / SECTION A LOT 93 LOT AREA 1.02 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 356 Date 10-25-93 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: Conv Gravity

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: Perma Block Panel

Nitification Field: No 1 Square Feet 1035 Linear Feet 345 Maintenance Agreement Required: ☐ Yes ☐ No

No Lines 3 Trench Width 36 Max Trench Bottom Depth 24+36 Gravel Depth 12 ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

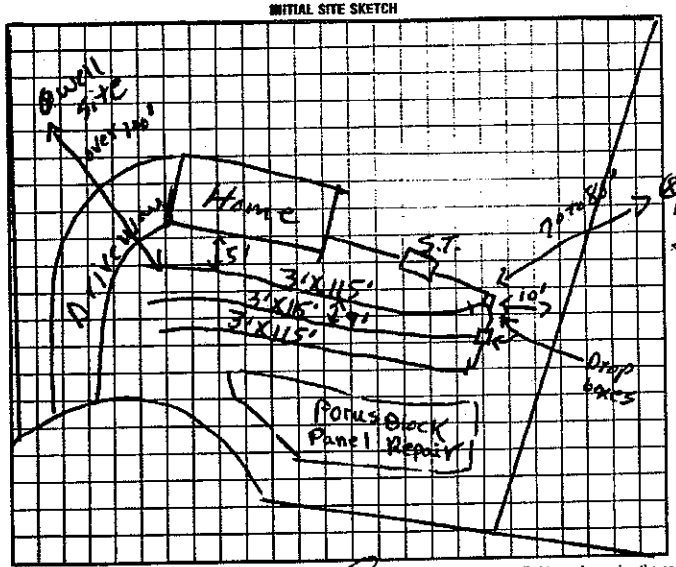
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

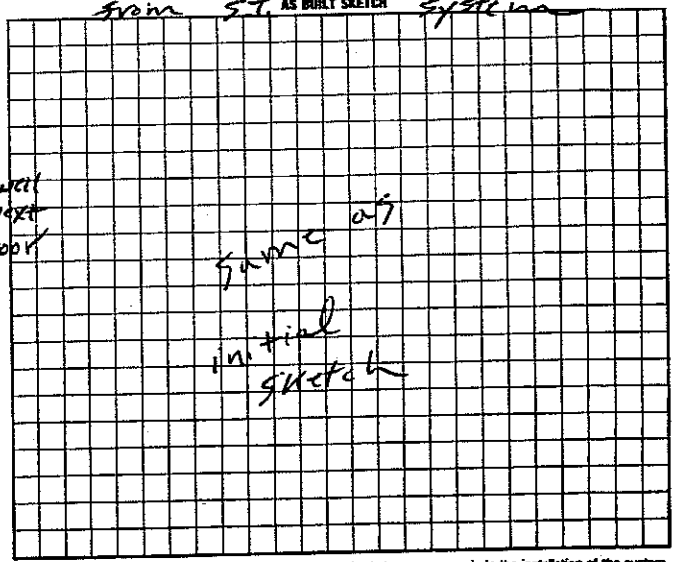
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Home + well not located at time of this inspection locate them at proper Distance from S.T. AS BUILT SKETCH system

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: X _____

Improvement Permit by: P. C. Moore date 10-26-93

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: P. C. Moore date 12-7-93

Operation Permit by: _____ date _____

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

The location of the proposed FAMILY ROOM ADDITION addition does not appear to impact the existing septic system.

**NOTE: _____

R. STEVE HENDRICK REHS

Date: DEC 8, 2010

ICHD-Environmental Health Division