48668

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. 16784 DATE 8-10-93 TAX MAP NO. 5N-1-A-243

OWNER OR CONTRACTOR Horne Bldg. Co. PHONE: Business Home 878-2224

ADDRESS Rt. 15 Box 172-M Statesville, N.C.

LOCATION Hwy 64 E TR New Salem Rd. TL Briarcliff Dr. 2nd lot on R. counting corner lot.

SUBDIVISION Briarcliff Acres BLOCK / SECTION LOT 243 LOT AREA 200' x 250' SITE CLASS. P.S. L.T.A.R. .35gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well To Be Located.

Septic Tank: 1500 Gallons; STB 780 Date 12-6-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3 Trench Width 36" Trench Depth 18"-24" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☐ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

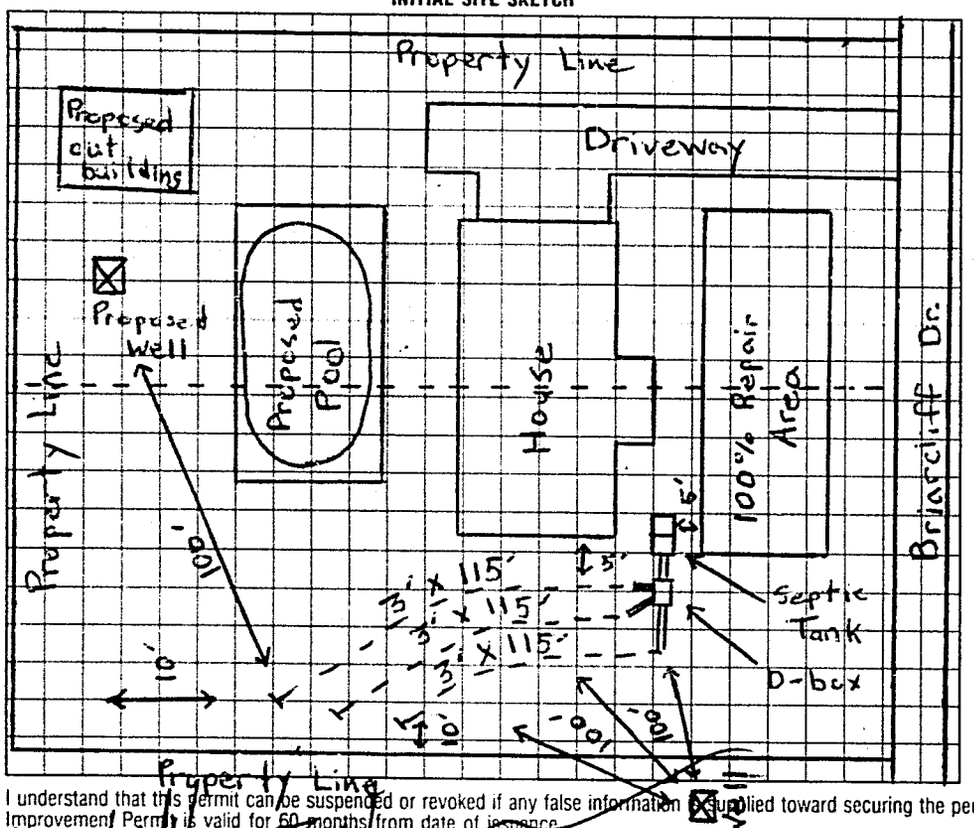
☐ Business No. Employees — Auto. Washing Machine: ☑ Yes ☐ No

☐ Other — Other —

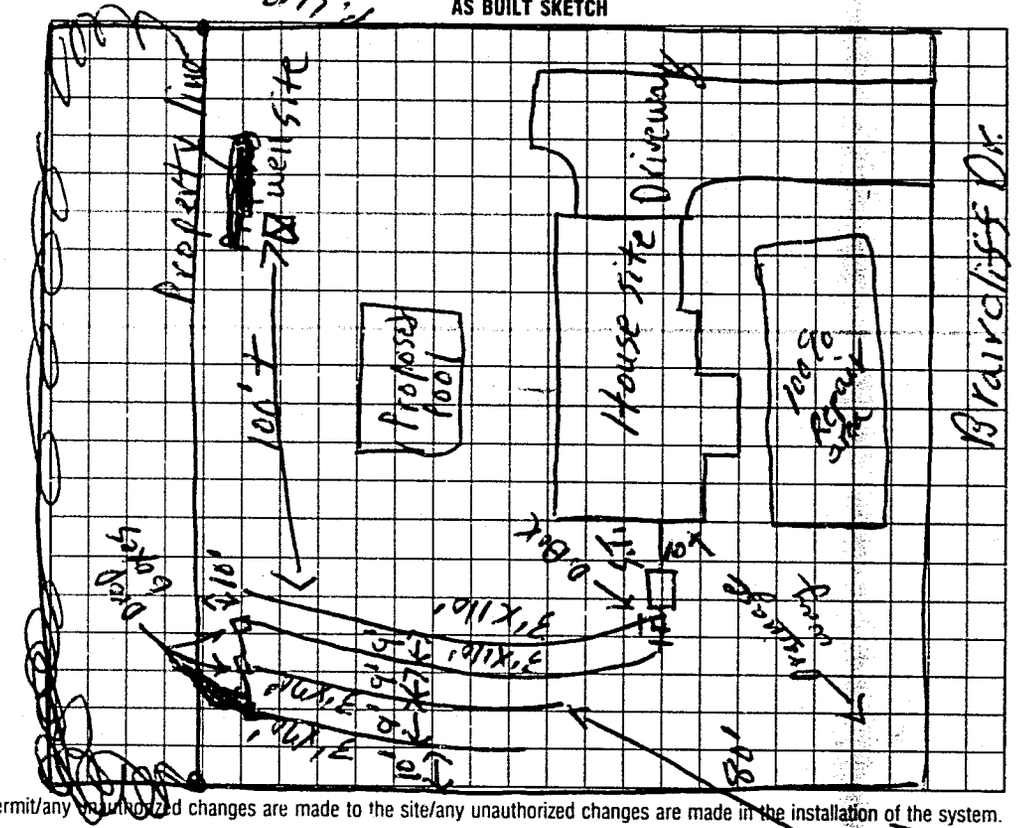
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep Nitrification lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and 100' from any well. 100% Repair Area in front yard, conventional, gravity fed.

INITIAL SITE SKETCH



AS BUILT 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: Jeffrey F. Horne

Improvement Permit by: Michael J. Dennis date —

Existing System Inspection by — date —

Installed by: Donald Lackey

Certificate of Completion by: E.C. Moore date 3-16-94

Operation Permit by: — date —

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