IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 52456

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18898 DATE 8-10-94 TAX MAP NO. 116-1-A-38 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Alfred H Dahl III PHONE: Business _____ Home 871-0343

ADDRESS Rt 4 Box 342 lot 38 Statesville

LOCATION 64E To Oak Hill Mocksville TR White Oak Branch To Duncan 1/2 mi on L

SUBDIVISION Deer Park BLOCK / SECTION _____ LOT 38 LOT AREA 3.34 acres SITE CLASS _____ DESIGN FLOW 360 L T A R: +

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 3 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ 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
well Next door

Comments:

Comments: Ex. mH To be Taken off System when home is connected To System Septic

INITIAL SITE SKETCH

AS BUILT SKETCH

Keep basement wall at least 15' from any part of S.T. System

3 1'x10' 3 1'x10' 3 1'x10'

S.T.

15'+

House site

Drive

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: L. C. Moore date 8-10-94

Installed by: A-1 Backhoe

Certificate of Completion by: L. C. Moore date 3-12-90

Operation Permit by: _____ date _____

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