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. 21569 DATE 7-11-95 TAX MAP NO. 12E-1-48 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Elisabeth J. Fox PHONE: Business _____ Home 876-4655

ADDRESS 119 Dunlap Loop Statesville NC 28677

LOCATION US 21 N, TR Bethel Rd, TL Thomas Rock Dr., lot on Rt at end.

SUBDIVISION Bethel Park BLOCK / SECTION _____ LOT 8 LOT AREA 210 x 173 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons: STB 1412 Date 4-26-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 16-30" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

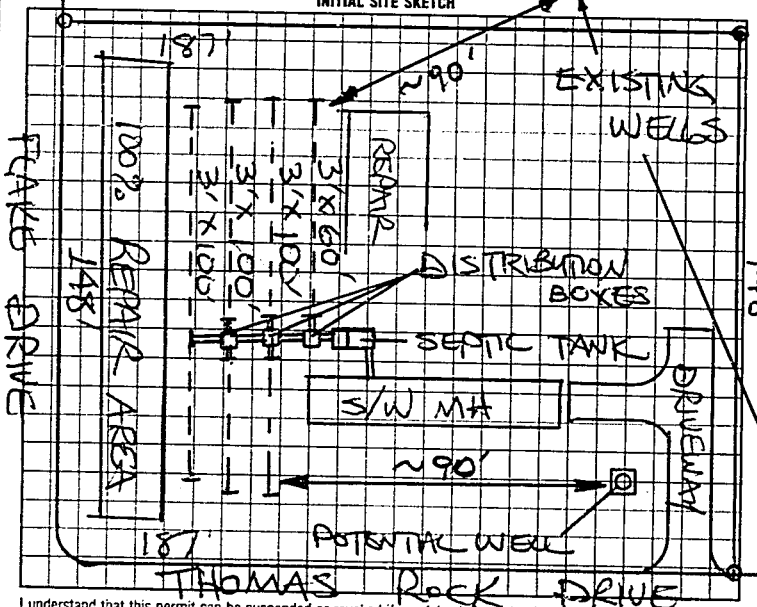
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: ① Keep system max. feasible dist. from well, not less than 50' ② Install lines as shown. no deeper than 24" a feet minimum apart on center, on Contour

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED 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: Xelisabeth Fox

Improvement Permit by: STEVE HENDRICK date 7-11-95

Existing System Inspection by _____ date _____

Installed by: Tommy Frye

Certificate of Completion by: STEVE HENDRICK date 7-25-95

Operation Permit by _____ date _____

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

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