48839

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. 16486 DATE 6/11/93 TAX MAP NO. 12A-A-33

OWNER OR CONTRACTOR LAWRENCE & JUNE WHITAKER PHONE: Business _____ Home 872-5213

ADDRESS I-40E, TL US 64 COOL SPRINGS, TL BATTLE ROAD, TL VAUGHN MILL ROAD, ON (R) APPROX 0.5 MILE

LOCATION 619 CRESTRIDGE ROAD STATESVILLE NC 28677 SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10.12 ACRE SITE CLASS. PS L.T.A.R. 0.35 GPD/FT2

Water Supply: ☑ Individual ☐ Community ☐ Public WELL TO BE LOCATED

Septic Tank: 1000 Gallons; STB 760 Date 6/20/93

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines 3 Trench Width 36" Trench Depth 36" 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 ☑ Mobile Home D/W ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

Garbage Disposal: ☐ Yes ☑ No

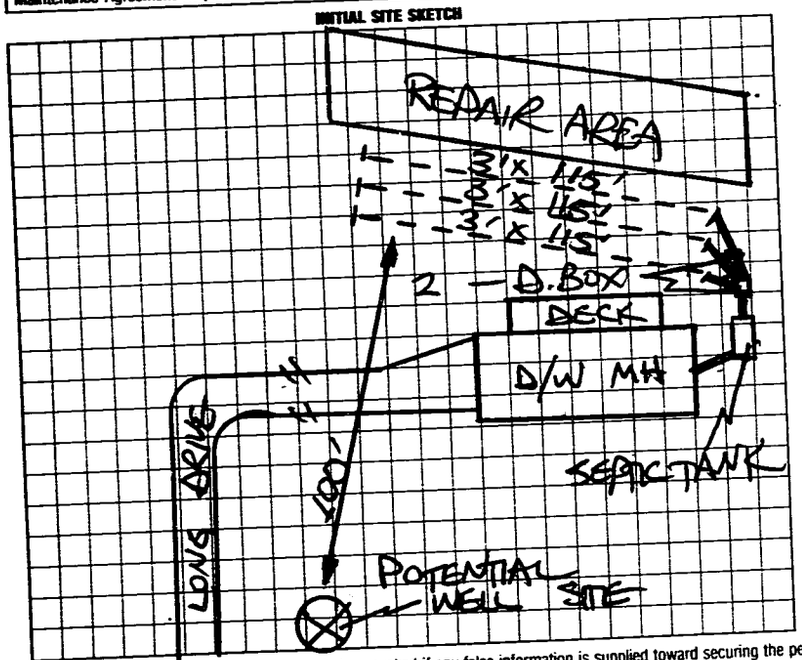
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments:
1. KEEP SYSTEM MINIMUM 5' FROM MH 100' FROM WELL.
2. INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' O.C.

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: _____

Improvement Permit by: STEVE HEDRICK date 6/11/93

Existing System Inspection by: _____ date _____

Installed by: BOB COPE

Certificate of Completion by: STEVE HEDRICK date 8/11/93

Operation Permit by: _____ date _____

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