not on Terminal

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. 16819 DATE 8/17/93 TAX MAP NO. 12K-1-A-17

OWNER OR CONTRACTOR A-1 MOBILE HOMES PHONE: Business 873-1014 Home

ADDRESS RT. 12 BOX 99-A STATESVILLE, NC 28677

LOCATION US 21 N, TR NC 901 E, TL GUILFORD RD, 8TH LOT ON (R)

SUBDIVISION EMILY STROUD VICK PROP. BLOCK / SECTION LOT 17 LOT AREA 260X175 SITE CLASS. PS L.T.A.R. 0.40 GPA/FT²

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Septic Tank: 1000 Gallons; STB 3[illegible]' Date 7/27/93

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Trench Depth 18-36" 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 ☐ Business ☐ Other PLANNED FOR FUTURE SFR

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☐ Yes ☐ No

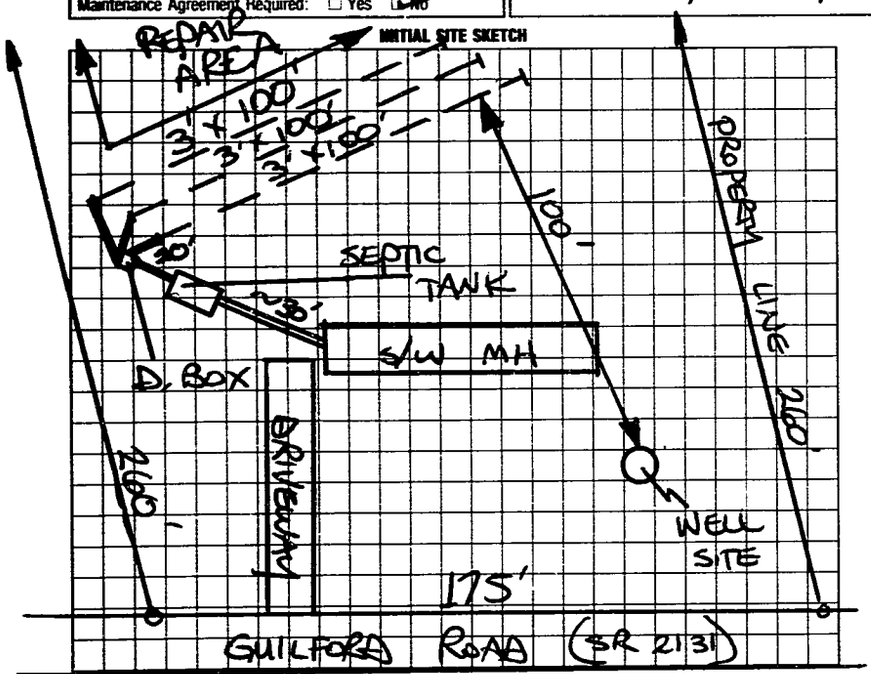
Auto. Washing Machine: ☑ Yes ☐ No

Other ____

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

Comments (1) KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 100' FROM WELL (2) INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART ON CENTER

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: + Rogers Templeton

Improvement Permit by: STEVE HEDRICK date 8/17/93

Existing System Inspection by: ____ date ____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 8/30/93

Operation Permit by: ____ date ____

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