David Prevette 2066777

IREDELL COUNTY HEALTH DEPARTMENT

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

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 52273

PROPERTY DESCRIPTION NO. 18484 DATE 5/13/94 TAX MAP NO. 15F - A - 78

OWNER OR CONTRACTOR DAVID PREVETTE PHONE: Business _____ Home 592-2112

ADDRESS [redacted] 155 PROSPECT ROAD STATESVILLE NC 28677 Watershed: ☐ Yes ☑ No

LOCATION NC115N, TR PROSPECT ROAD, ON (R) JUST BEFORE MYERS MILL RD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 208 x 417' SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 4/25/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 28" 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

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

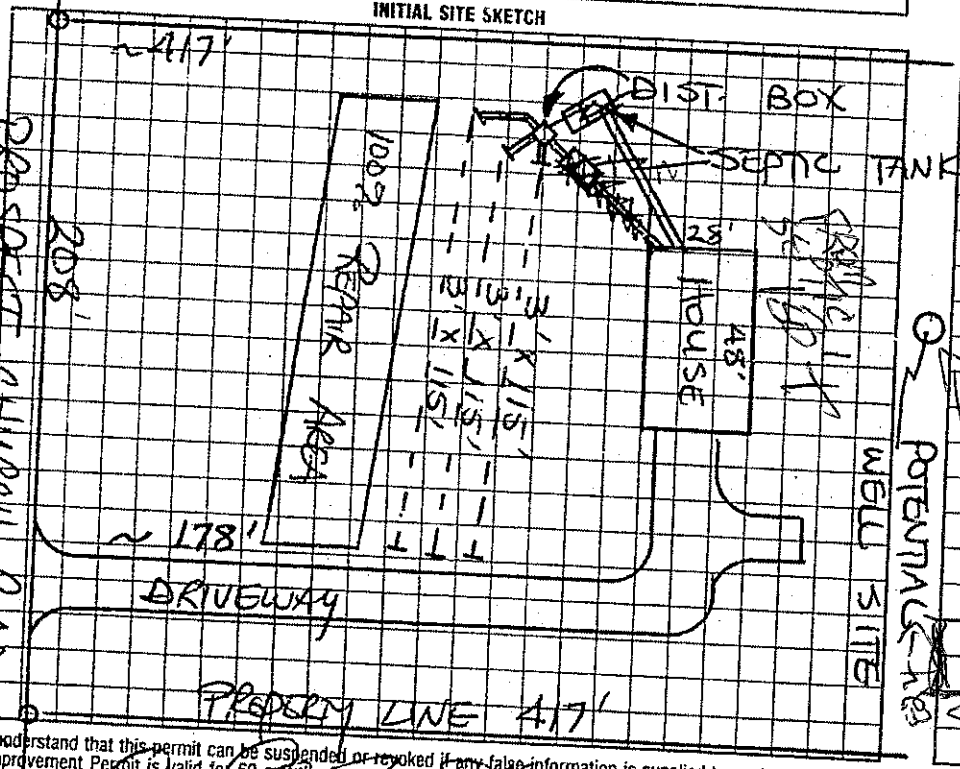
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Comments: (1) KEEP SYSTEM MINIMUM 100' from WELL
(2) INSTALL LINES NO DEEPER THAN 28"

Comments:

INITIAL SITE SKETCH

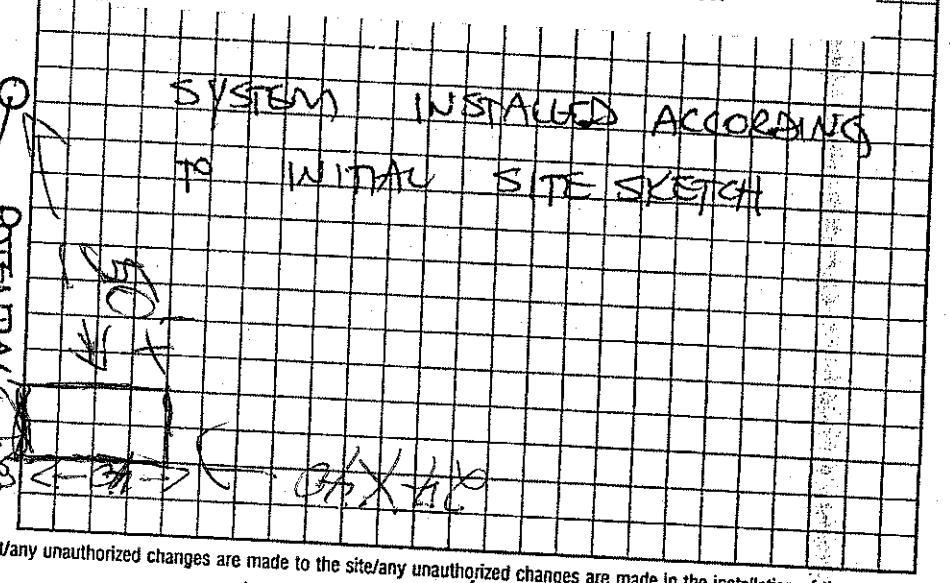


AS BUILT SKETCH

Location of the proposed 24x40 BLDG addition does not appear to impact the existing on-site septic system or well.**NOTE: _____

REHS Date: 10/24/14

ICHD-Environmental Health Division



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: X [signature]

Improvement Permit by: STEVE HEDRICK date 5/13/94

Existing System Inspection by: _____ date _____

Installed by: JEFF HURLBUT / JR. HARKNESS

Certificate of Completion by: STEVE HEDRICK date 8/2/94

Operation Permit by: _____ date _____

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