50543

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. 18018 DATE 3/14/94 TAX MAP NO. 136-A-22

OWNER OR CONTRACTOR SHEELEY, EMERY, JR PHONE: Business Watershed: ☐ Yes ☒ No

ADDRESS RT. 1, BOX 135-4, OLIN, NC 28660 Home 876-4663

LOCATION US 21 N, TL JENNINGS RD, TL MONICA DRIVE, TL MOUNTAIN ASH, 1ST MH on (L)

SUBDIVISION ROLLING HILLS MHP BLOCK / SECTION LOT 6 LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 240 C.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet EXISTING

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: CONV. GRAVITY

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 1 No. Employees

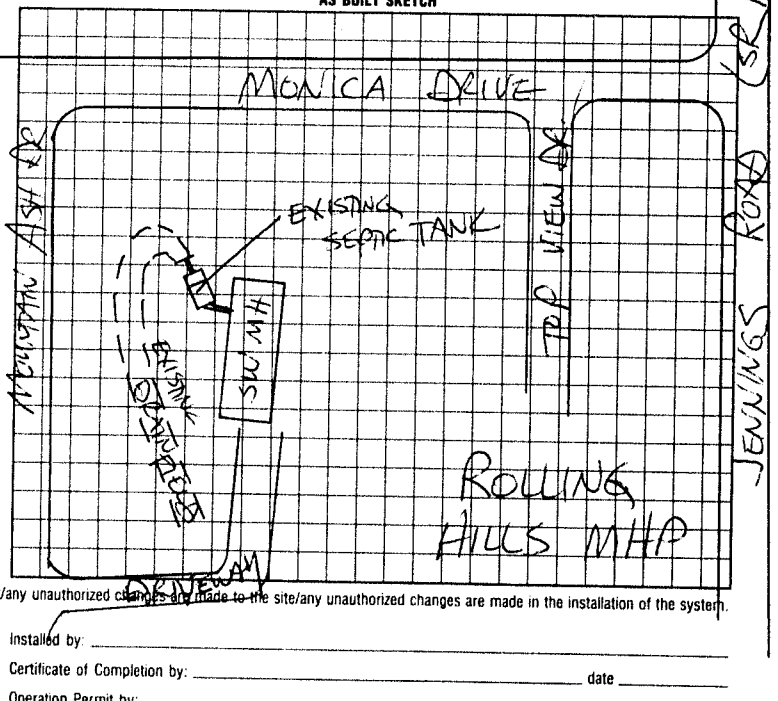
Water Supply: ☐ Individual ☒ Community ☐ Public

Comments:

Comments: KEEP MH MINIMUM 5' FROM SEPTIC SYSTEM

INITIAL SITE SKETCH

AS BUILT 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: date

Existing System Inspection by: STEVE HEDRICK date 3/14/94

Installed by:

Certificate of Completion by: date

Operation Permit by: date

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