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. 17873 DATE 2/24/94 TAX MAP NO. 13Q-A-15 (PT. OF) Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR ERIC CARICO PHONE: Business _____ Home 876-0156

ADDRESS RT. 1 BOX 271-C, OLIN NC 28660

LOCATION US 21 N, TL JENNINGS RD, TL MT. VERNON RD, ON (R) JUST BEFORE BRIDGE over BLANCA

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.86 AC SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.4 GPD/FT2

Septic Tank: 1000 Gallons; STB 794 Date 3/23/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 2 Trench Width 36" Max Trench Bottom 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

No. Bedrooms 2 No. Bathrooms 1 No. Employees _____

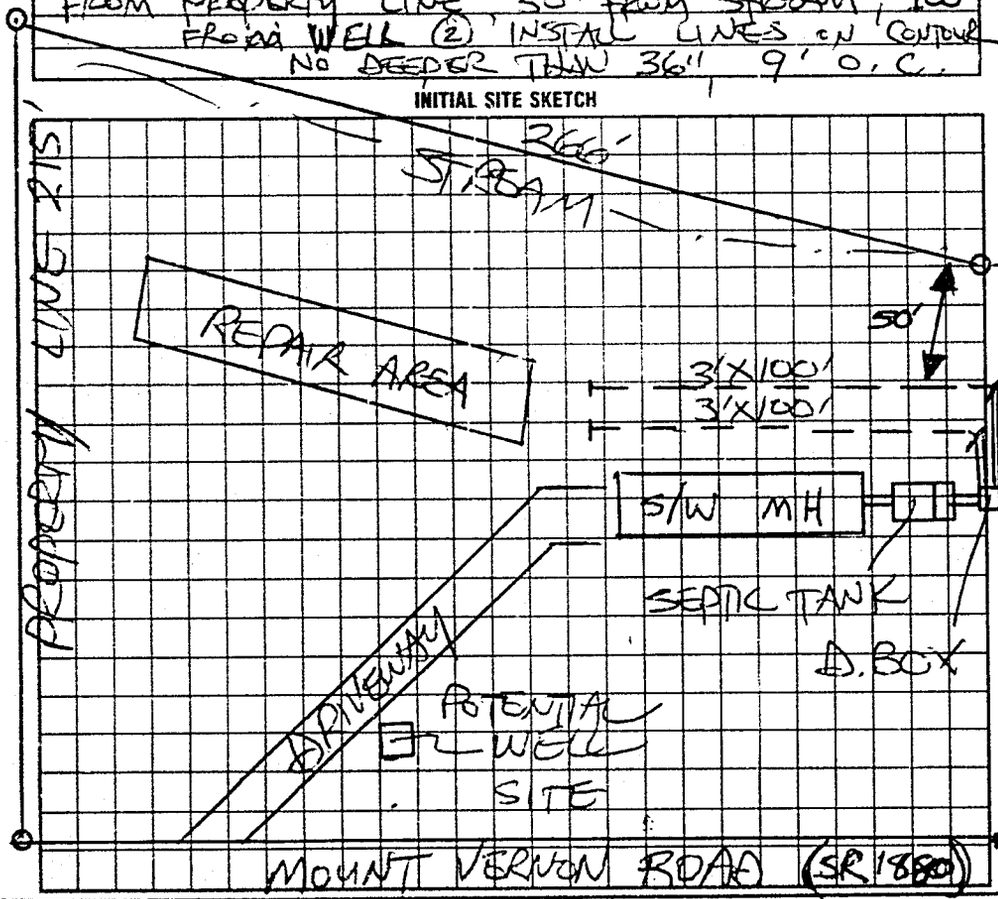
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

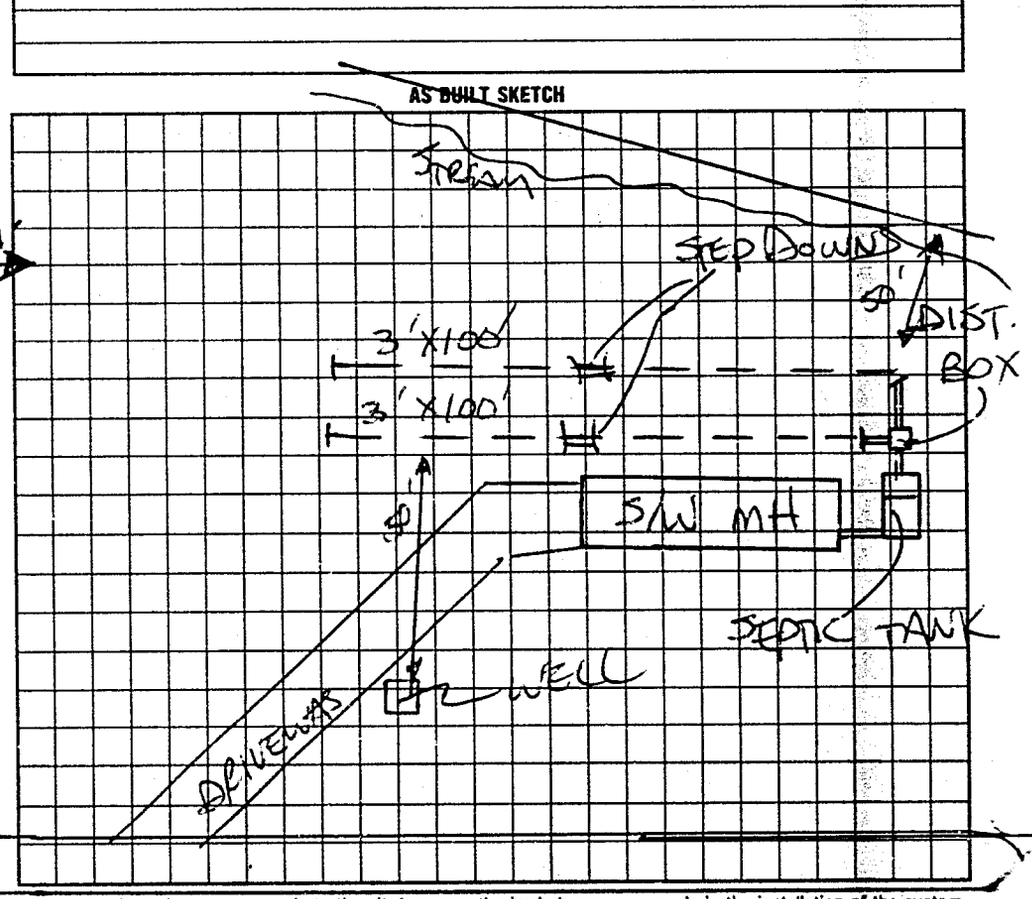
Comments: (1) KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 50' FROM STREAM, 100' FROM WELL (2) INSTALL LINES ON CONTOUR NO DEEPER THAN 36", 9' O.C.

Comments:

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: X Teresa Carico

Improvement Permit by: STEVE HEDRICK date 2/24/94

Existing System Inspection by: _____ date _____

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 5/2/94

Operation Permit by: _____ date _____

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