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. 20640 DATE 3/24/95 TAX MAP NO. 13Q-A-7 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR LAWRENCE A. AUSTIN PHONE: Business Home 592-2111

ADDRESS 259 SAIN ROAD STATESVILLE NC 28677

LOCATION US 21 N, TL JENNINGS ROAD MH ON LEFT BETWEEN MT VERNON CH. RD & N.T. MIDDLE SCHOOL

SUBDIVISION BLOCK / SECTION LOT LOT AREA 2.48 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No. 7½" x 75' (BED)

Nitrification Field: No Fields 1 Square Feet Linear Feet 225

No Lines 1 BED Trench Width Max Trench Bottom Depth Gravel Depth 10"

☐ 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 No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

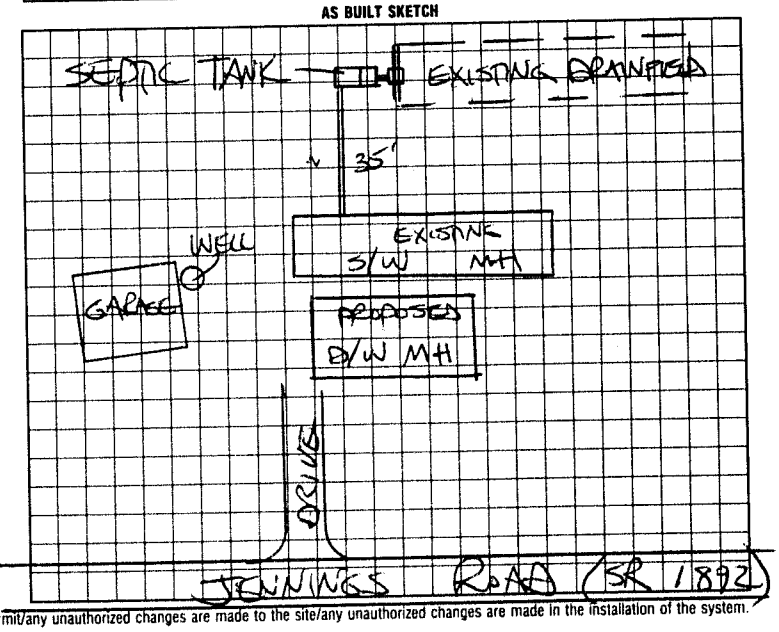
Water Supply: ☒ Individual ☐ Community ☐ Public WELL

Comments:

Comments: ① S/W MH TO BE REMOVED PRIOR TO OCCUPANCY OF D/W MH ② KEEP MH MINIMUM 5' FROM 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 HENDRICK date 3/24/95

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