IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 57021

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

PROPERTY DESCRIPTION NO. 21042 DATE 5/9/95 TAX MAP NO. 16H-A-92 (PT OF) Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR MICHAEL J. YORK PHONE: Business 878-5369 Home 876-2522

ADDRESS 155 POLLY DR STATESVILLE NC 28677

LOCATION US 21N, TL JENNINGS RD, TL OLIN ROAD (NORTH), TL SLOANS MILL RD, TR HUIE RD, ~0.1 MILE ON (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 10/13/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 3"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees ____

☐ Other _____

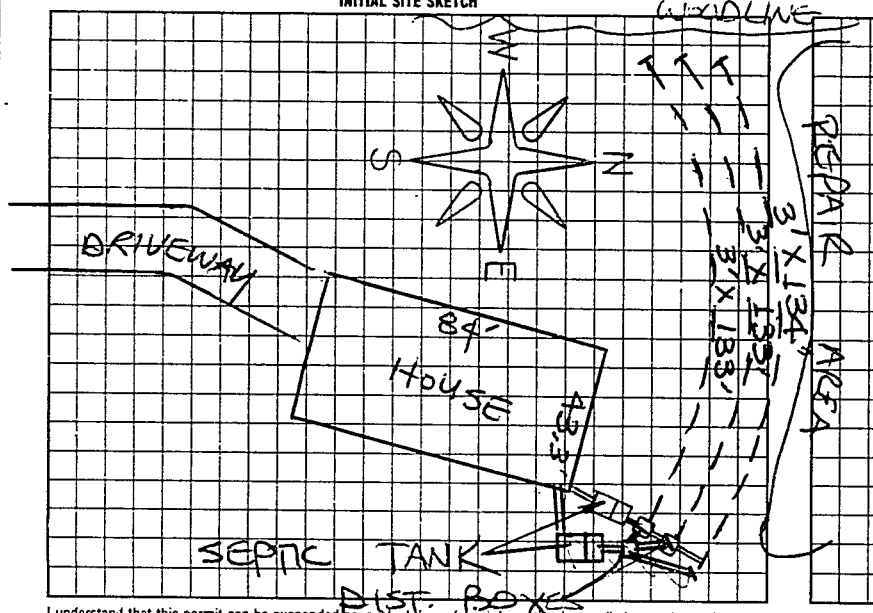
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' MINIMUM APART ON CENTERS.

Comments:

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: X Michael J. York

Improvement Permit by: STEVE HEDRICK date 5/9/95

Existing System Inspection by: _____ date _____

Installed by: A-1 BACK HOE

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HEDRICK date 12-12-95

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

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