57341

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. 21988 DATE 8-25-95 TAX MAP NO. 16L-A-14 Watershed: [ ] Yes [~~No~~]

OWNER OR CONTRACTOR EVELYN COLEMAN PHONE: Business Home 539-5234

ADDRESS 105 FOXFIELD DRIVE, ~~UNION GROVE~~ NC 28689

LOCATION I-77 N, TL NC901, TR UNION GROVE RD TR MANN RD TL FOXFIELD DR, 2ND ON (L)

SUBDIVISION BLOCK / SECTION LOT LOT AREA UNITS SITE CLASS P3 DESIGN FLOW 360* L.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 No. Bedrooms 3

[~~ ~~] Mobile Home No. Bathrooms 2

[ ] Business No. Employees

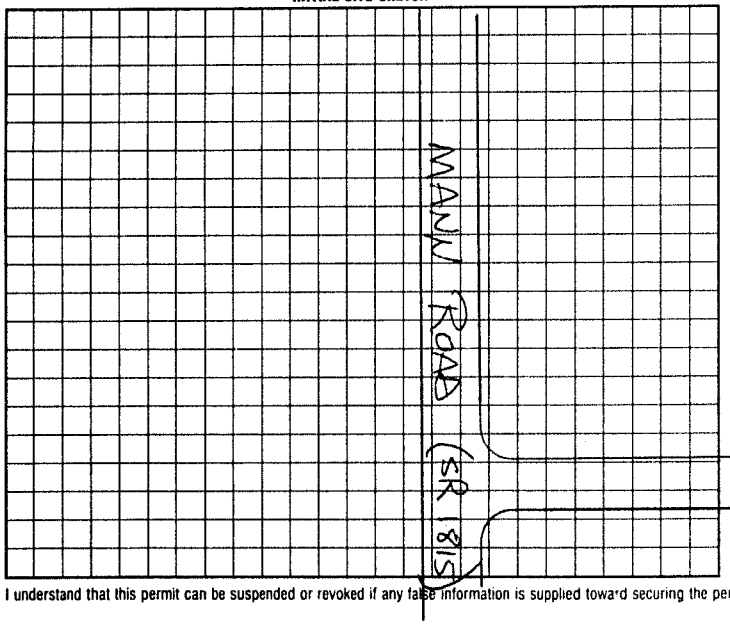
[ ] Other

Water Supply: [~~ ~~] Individual [ ] Community [ ] Public WELL

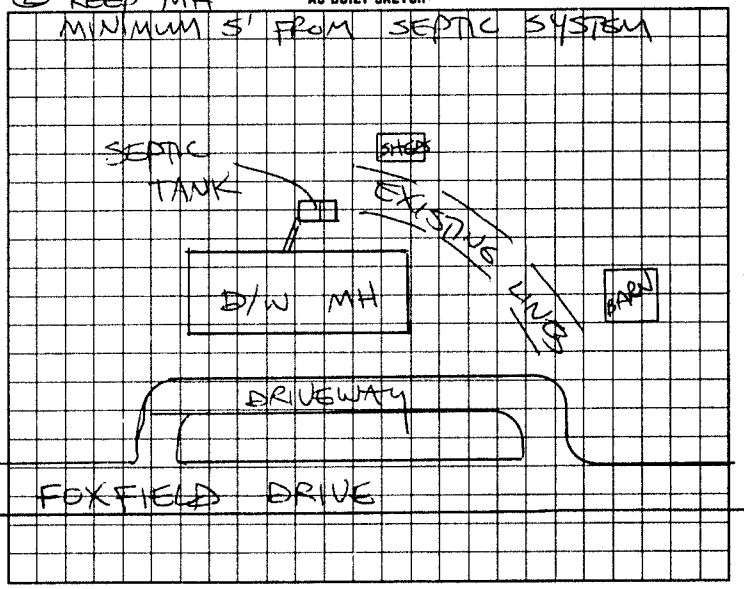
Comments:

* Comments: ① SYSTEM APPEARS TO BE UNDERSIZED FOR 3BR HOME, HOWEVER IT IS REPLACING A BURNED-OUT 3BR HOME W/ NEW 3BR HOME. ② NO EVIDENCE OF IMPROPER FUNCTION AT THIS TIME. ③ KEEP MH

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.

Signed: Installed by:

Improvement Permit by: date Certificate of Completion by: date

Existing System Inspection by: STEVE HEDRICK date 8-25-95 Operation Permit by: date

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