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. ~~2631066230~~ DATE 4-1-97 TAX MAP NO. 4861221704 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JAMES SAMUEL & SHEILA LYNCH PHONE: Business Home 871-2219

ADDRESS 605 A2 FOXCROFT APTS, STATESVILLE, NC 28677

LOCATION US 21 N, TL TABOR RD, TL, SPEARS ROAD, TR HAYSTACK LANE 3RD LOT ON LEFT

SUBDIVISION Holly-Bob Farms BLOCK / SECTION ____ LOT 19 LOT AREA 0.66 ACRE SITE CLASS. IP3 DESIGN FLOW 360 L.T.A.R. 0.30 GAL/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-14-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ 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 2

☐ Business No. Employees ____

☐ Other ____

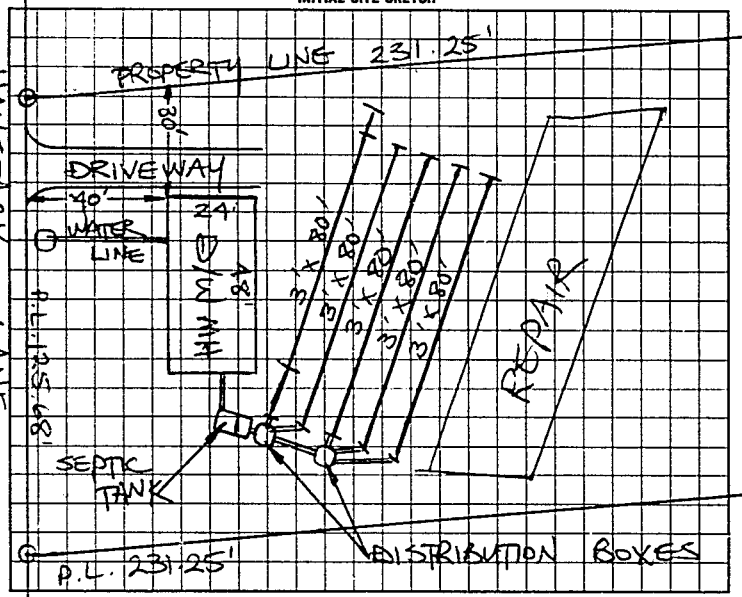
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

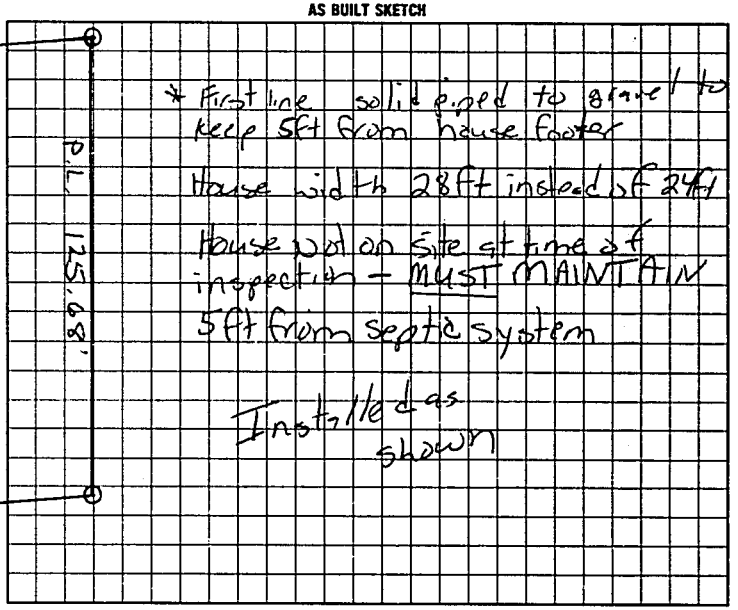
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



* First line solid piped to stake to keep 5ft from house footer

House width 28ft instead of 24ft

House not on site at time of inspection - MUST MAINTAIN 5ft from septic system

Installed as shown

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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE

Signed: Sheila M. Lynch Installed by: A-1 Backhoe

Improvement Permit by: STEVE HEDRICK date 4-1-97

~~Certificate of Completion by:~~ ____ date ____

AUTH. TO CONST. Existing System Inspection by: STEVE HEDRICK date 4-1-97

Operation Permit by: Mary C Outs date 5-14-97

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

Σ 6 9 1 0 0