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. Repair DATE 9-13-93 TAX MAP NO. Repair

OWNER OR CONTRACTOR Sharon Supermarket (Les Vandermark) PHONE: Business Home 871-0505

ADDRESS Rt. 6 Box 521 Statesville, N.C. 28677

LOCATION I40W TR Sharon School Rd. Supermarket on corner of Sharon School Rd. and Island Ford Rd.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA .98 acre SITE CLASS. P.S. L.T.A.R. .25 gal/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well.

Septic Tank: 1000 Gallons: STB 1012 Date 6-24-93

Grease Tank: 1000 Gallons: PT 1012 Date 6-29-93

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350'

No Lines 3 Trench Width 36" Trench Depth 18"-30" Gravel Depth 12"

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

System Description: Conventional, gravity fed

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

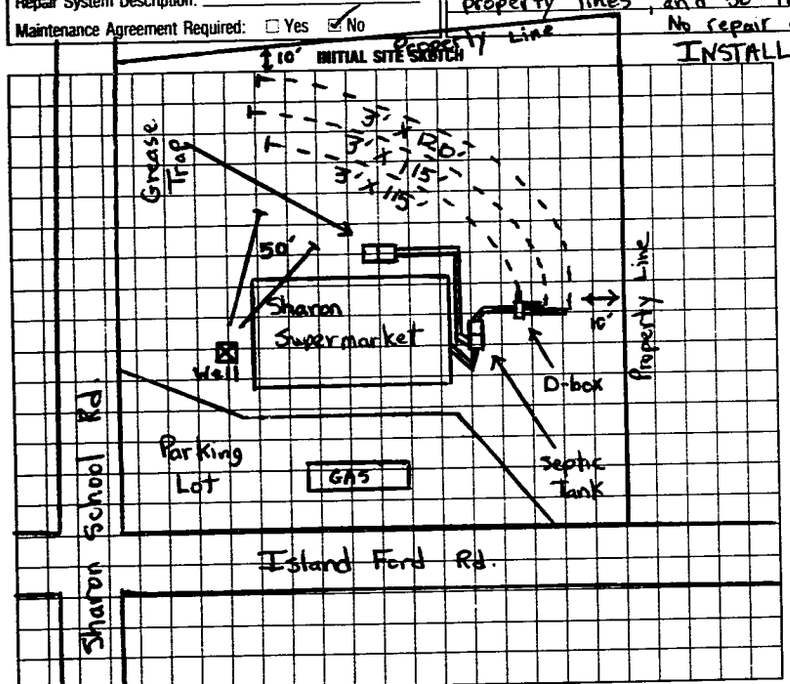
☐ House/Mod. Home ☐ Mobile Home ☑ Business ☐ Other 375 sq. ft. meat market, 3 employees

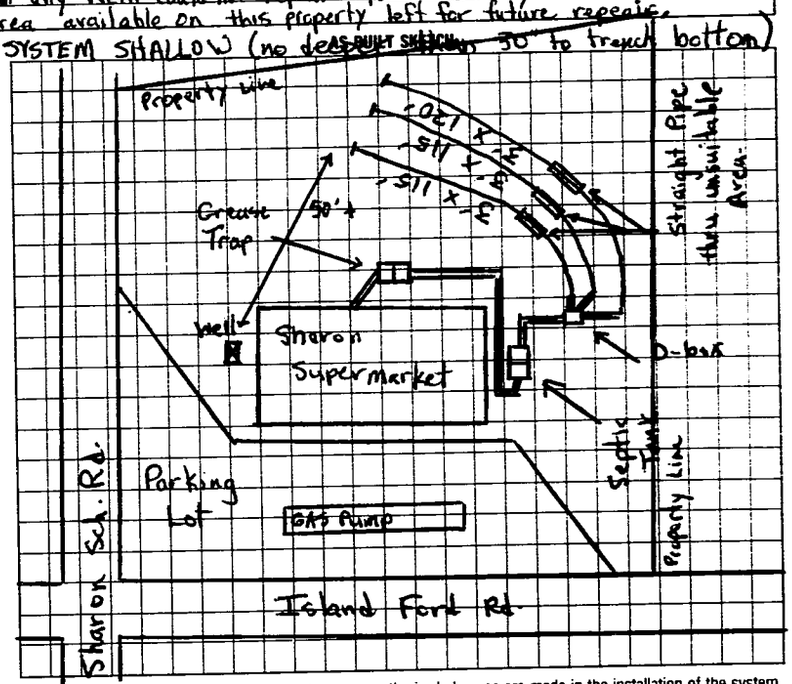
No. Bedrooms — No. Bathrooms 2 No. Employees 3

Garbage Disposal: ☐ Yes ☑ No Auto. Dishwasher: ☑ Yes ☐ No Auto. Washing Machine: ☑ Yes ☐ No Other

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

Comments Installed new septic tank and grease trap 9-9-93. Discovered inadequate drain field. Install drainlines on contour, keep system 5' from foundation of building, 10' from all property lines, and 50' from any well. Could not repair system and stay 100' from well. No repair area available on this property left for future repairs. INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom)





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: Michael J. Dennis date 9-13-93

Existing System Inspection by: date

Installed by: Forest Shuford

Certificate of Completion by: Michael J. Dennis date 9-15-93

Operation Permit by: date

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