IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 50560

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

PROPERTY DESCRIPTION NO. 17895 DATE 3-3-94 TAX MAP NO. 8V-A-56 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Wayne C. Jenkins PHONE: Business _____ Home 873-3840

ADDRESS Rt. 1 Box 169 WJ Stony Pt., N.C. 28678

LOCATION I40W TR Old Mtn. Rd. Tl New Sterling Rd TR Westward Rd. 4th house on L

SUBDIVISION NA BLOCK / SECTION — LOT _____ LOT AREA 1.22 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 5-28-94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 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 No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

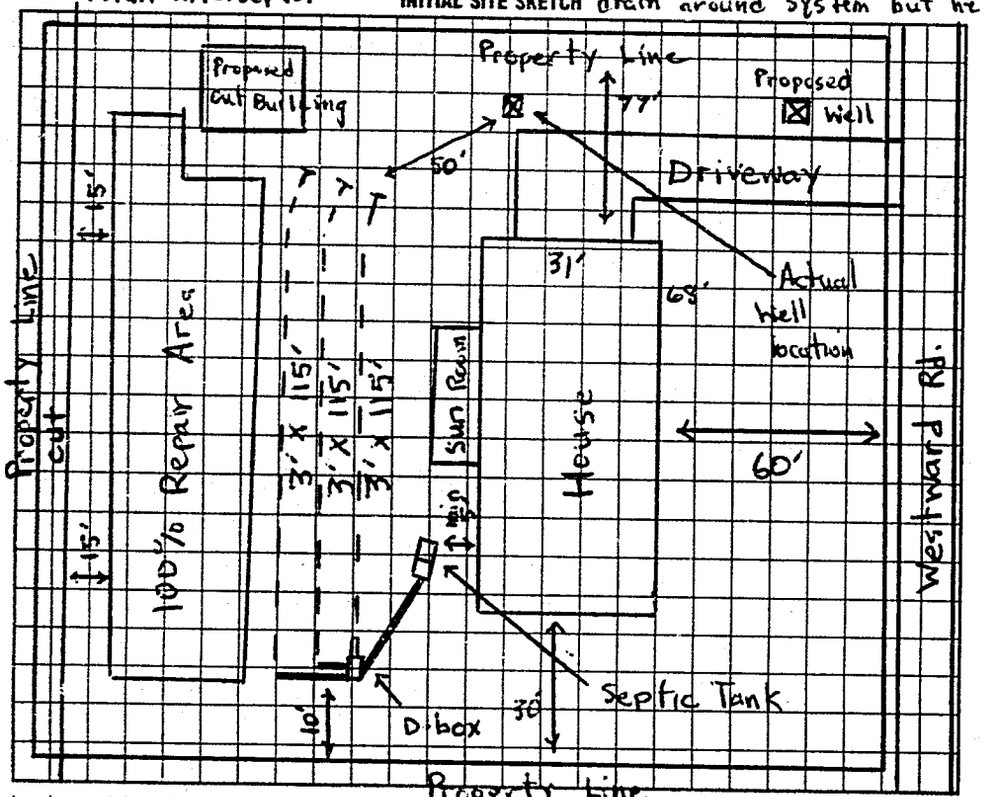
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench Bottom) Keep Nitrification Lines and trenches on contour. Keep system min 5' from foundation of home, 10' from all property lines, and 50' from well. Recommended to home owner to install interceptor drain around system but he opted not to.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

100% Repair Area below system, conventional, gravity fed. Keep Repair Area 15' from cut at back of lot.

SAME AS INITIAL SKETCH

- Actual well location shown on INITIAL Drawing
- 2 Drop boxes used instead of 1 D-box.

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 Wayne Jenkins

Improvement Permit by: Michael J. Dennis date 3-3-94

Existing System Inspection by: _____ date _____

Installed by: Tommy Cotheren

Certificate of Completion by: Michael J. Dennis date 9-15-94

Operation Permit by: _____ date _____

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