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. 20008 DATE 3/29/95 TAX MAP NO. 2F 3B 23 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Ferguson Dan Const. PHONE: Business 4626-04-5851 Home 948-9369

ADDRESS PO Box 655 Huntersville, NC. 28115

LOCATION Kemp Rd - McKendree Rd. to end TL on Kemp Rd. around the curve on (L)

SUBDIVISION Pine Knoll Pt. BLOCK / SECTION ____ LOT 23 LOT AREA ~ 1 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 9/13/95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONV - DIST BOX

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

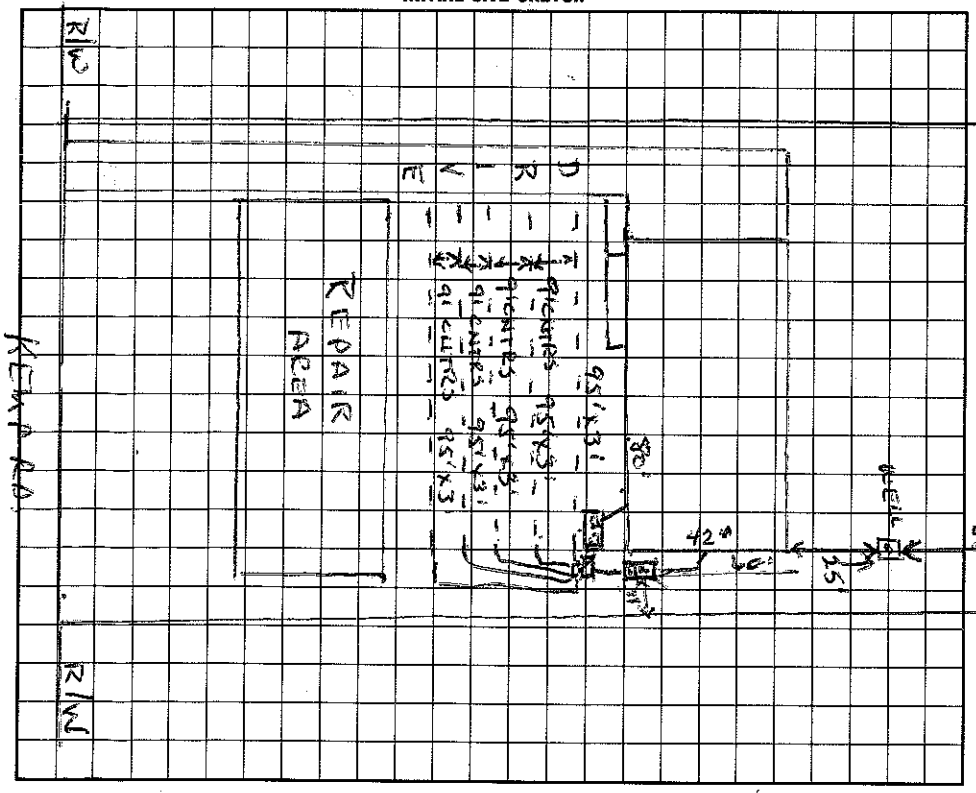
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

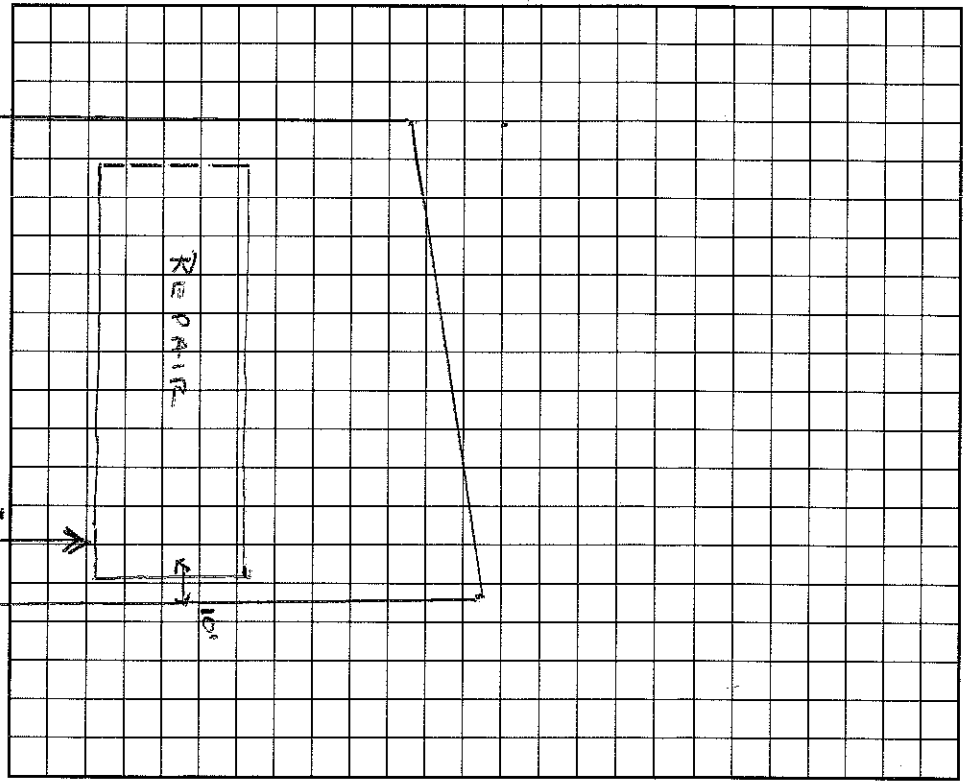
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



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: James A. Ferguson

Improvement Permit by: Wesley Sparks R.S. date 3/29/95

Existing System Inspection by: ____ date ____

Installed by: Barry Thompson.

Certificate of Completion by: ____ date ____

Operation Permit by: Wesley Sparks R.S. date 10/12/95

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