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. 15927 DATE Sept. 1, '93 TAX MAP NO. 2K-9-A57

OWNER OR CONTRACTOR Norman T. Kinzie PHONE: Business _____ Home 46436 86 2213

ADDRESS _____

LOCATION 1100 TL 1179 TR Old Square TL Billy Joe's Blind on Right

SUBDIVISION Mallard Head C.C. BLOCK / SECTION _____ LOT 57 LOT AREA ~~Sewer Easement~~ SITE CLASS. _____ L.T.A.R. .13

Water Supply: ☐ Individual ☑ Community ☐ Public

Septic Tank: 1500 Gallons; STB 797 Kellogg Date 6-14-93

Pump Tank: 1500 Gallons; PT 797 Kellogg Date 6-14-93

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

No Lines 4 Trench Width 36" Trench Depth 30-36" Gravel Depth 12"

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

System Description: pumped conventional

Repair System Description: LPP PPBPS

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

Garbage Disposal: ☑ Yes ☐ No

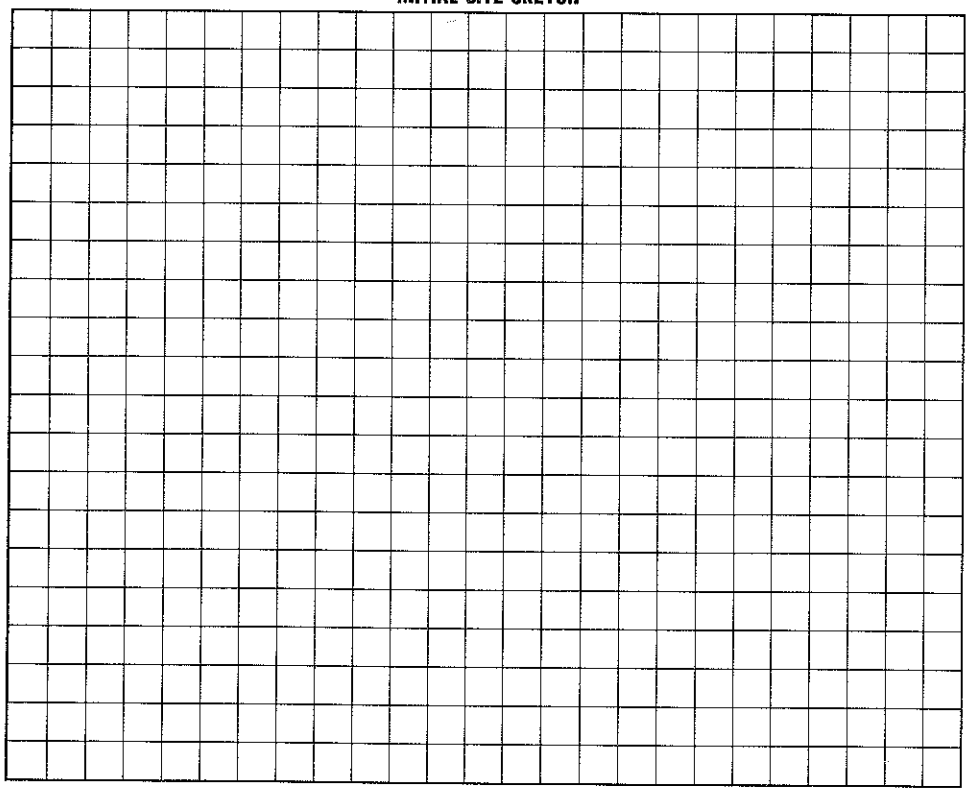
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

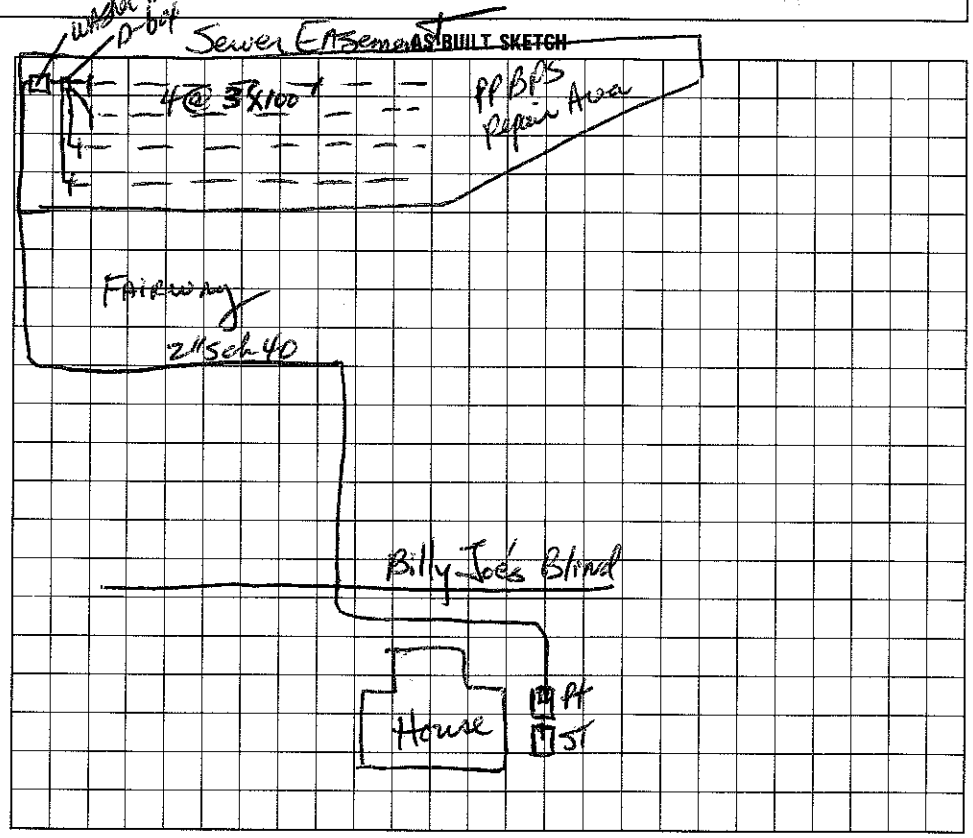
Other _____

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: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: _____ date _____ Operation Permit by: David R. Harrison, RS date 9-1-93

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