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. D688806 DATE 9-5-97 TAX MAP NO. 4639737336 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Dinig Cline PHONE: Business _____ Home 528-0957 WSIVCA

ADDRESS POBox 1813 Mooresville NC

LOCATION Penfield TR Statesville Rd TL Stillwater TL Honeydew in center of loop.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.9ac SITE CLASS P/S DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 36in Max Trench Bottom Depth 36in ~~Gravel Depth~~ Sand

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

System Description: Gravity Chambers/HDS

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees ____

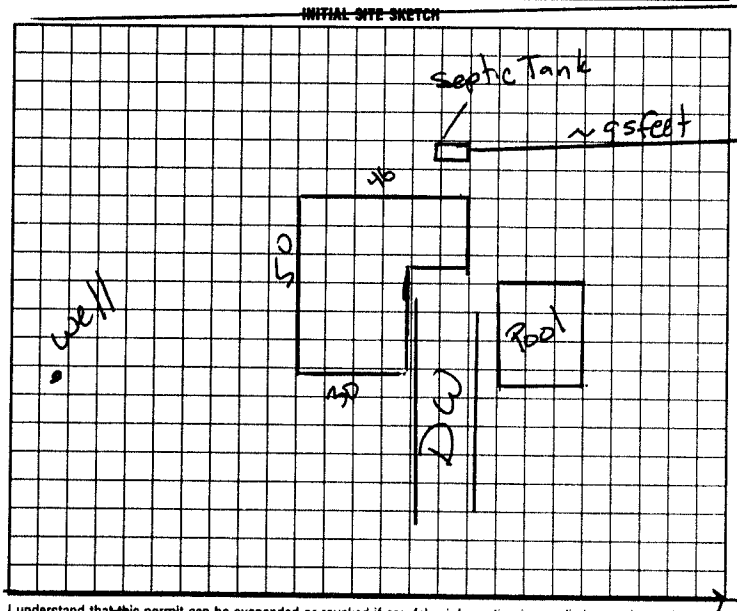
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

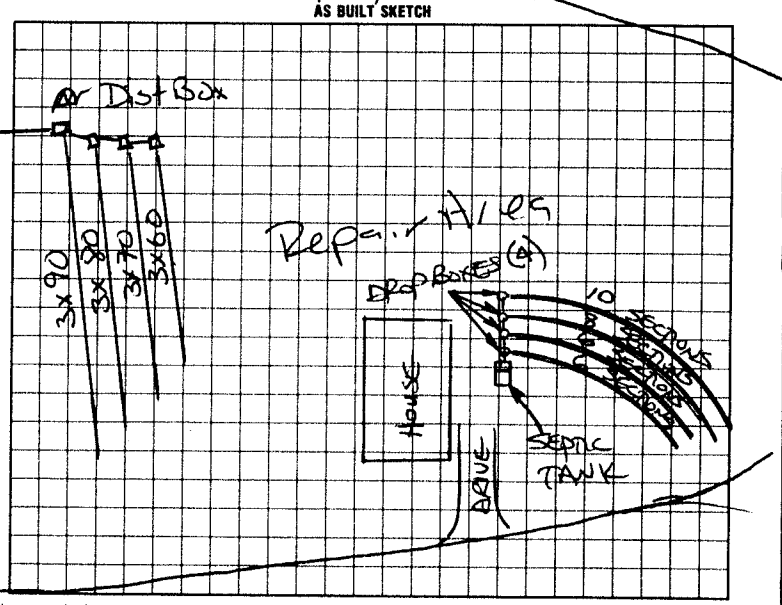
Comments: Keep lines on contour 9ft on center
Use Chambers or HDS

Comments: ① SYSTEM ALTERED AT OWNER'S REQUEST
② THIRTY HDS SECTIONS INSTALLED
③ SEPTIC TANK WITH MARKER INSTALLED
USING "POLYLOK" FILTER

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: _____

Improvement Permit by: May COJ RS date 9-9-97

~~Existing System Inspection by:~~ Authorization to Construct: May COJ RS date 9-9-97

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HENDRICK date 8-10-01

Operation Permit by: _____ date _____

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