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. 15611 DATE 6/3/93 TAX MAP NO. 25 5A 94

OWNER OR CONTRACTOR RON C IVESTER PHONE: Business Home 919-785-8543

ADDRESS 6646 SPRINGFIELD DR CLEMMONS, NC. 27012

LOCATION KENWAY LP; PERTH RD TL ON FERNHILL RD., TL ON BAGBY, TL ON KENWAY TO FIRST LOT ON (R)

SUBDIVISION CL+T BLOCK / SECTION 15 LOT 1027 LOT AREA ~1AC. SITE CLASS. P L.T.A.R. .25-.3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB STB-1012 Date 3-27-93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 3 Trench Width 3' Trench Depth 28" Gravel Depth 12"

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

System Description: CONV / D BOX

Repair System Description: PRESSURE-PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

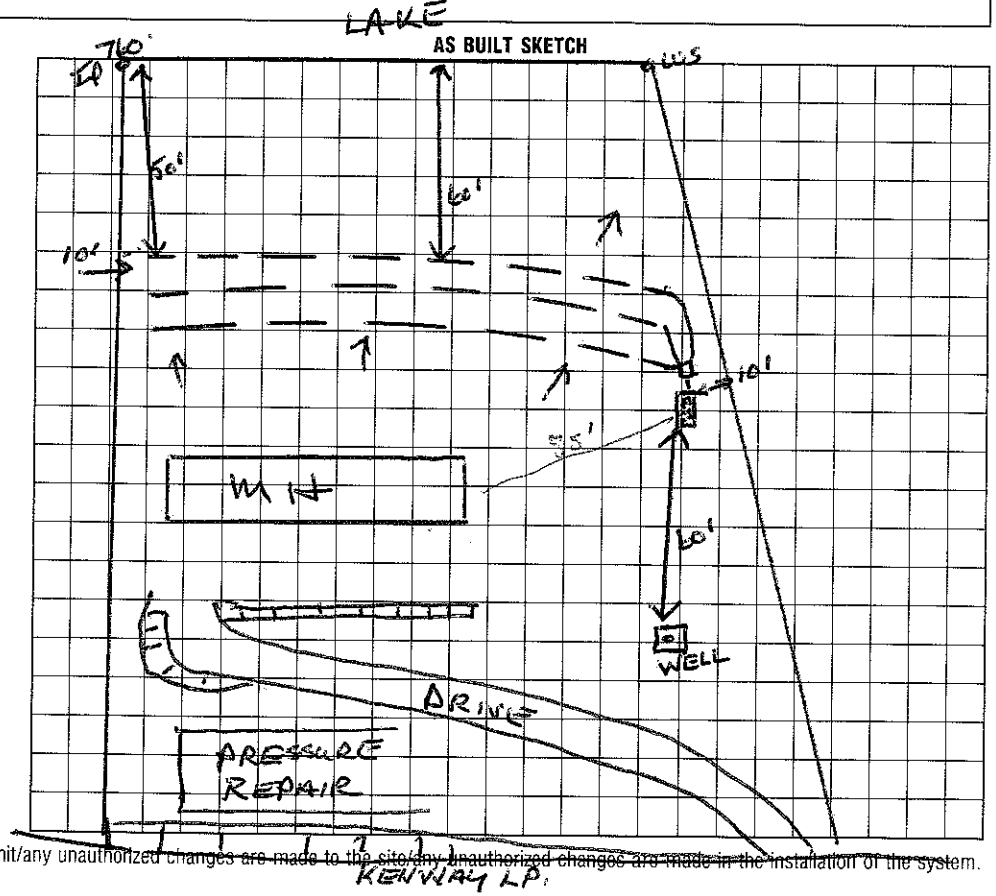
Other _____

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

Comments PERMIT MODIFIED BY DRH 6/2/93

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: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: HARRY REEP

Certificate of Completion by: Wesley Sparks RS. date 6/3/93

Operation Permit by: _____ date _____

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