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. 1824 DATE July 10 '95 TAX MAP NO. 2#11C 24 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Kenneth Lynn Smith PHONE: Business _____ Home _____

ADDRESS 1820 Jump Station Rd. LOCATION Wilson Rd TR Templeton TL Camino Real TL Queens Circle 4645-26-9033 1/4 mile on left

SUBDIVISION QueensCove BLOCK / SECTION 3 LOT 24 LOT AREA 2.68 Ac SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 744 Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1600 Linear Feet 534+

No Lines 3+3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: gravity Conventional

Repair System Description: Same as prev. INIT

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

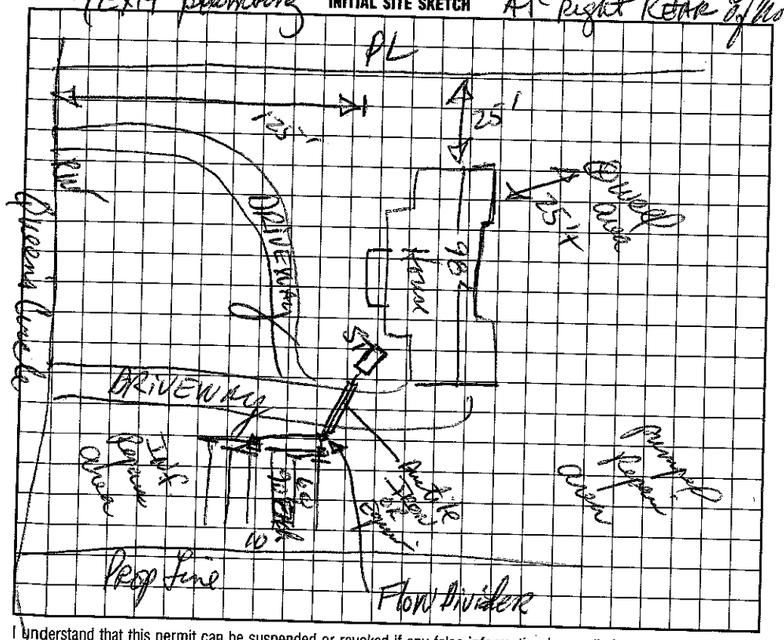
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Set Flow divider after crossing under driveway split to 2 D-boxes w/ speed leveler each.

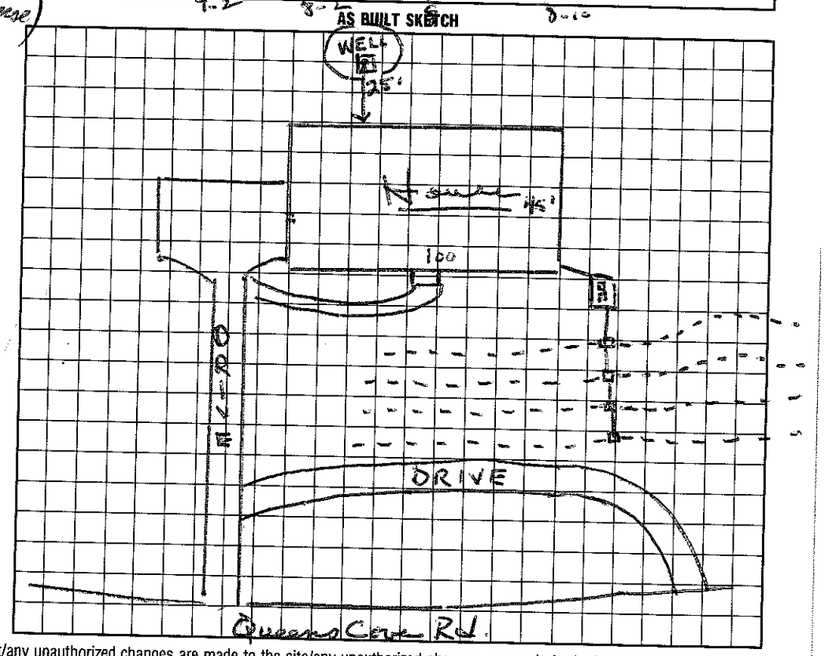
7/12/95 Owner requested to reverse plan (Drive on left side (Exit plumbing) At right Rear of house)

Comments: 7-2 7-2 8-4 8-9 138-c 8-c 8-3 8-10 7-2 7-11 8- 8-9 7-2 8- 8- 8-10

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: X K E Smith

Improvement Permit by: [signature] RS date 7/10/95

Existing System Inspection by: _____ date _____

Installed by: Dellinger Septic Tank

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] R.S. date 10/3/96

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