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. 25426 DATE 5/5/97 TAX MAP NO. 2K-1-A-1 4646 18 3139 Watershed: ☑ ~~Yes~~ ☐ No

OWNER OR CONTRACTOR MIKE KIDD PO BOX 1185 Huntersville NC PHONE: Business _____ Home 704-366-6667

ADDRESS ~~723 S. STARON AMITY RD CHARLOTTE NC 28211~~

LOCATION WILLIAMSON RD - IR SUNDOWN - AT END ON LEFT 463 Sundown

SUBDIVISION JD ATWELL SUBD. BLOCK / SECTION — LOT 1 LOT AREA ½ AC SITE CLASS. BS DESIGN FLOW 360 GPD L.T.A.R. 1300 SQ FT

Septic Tank: 1000 Gallons; STB 799 Date _____

Pump Tank: 1000 Gallons; PT 799 Date _____

Pump Make: MYERS Model ME50S M Serial No. ½ HP

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 5@40' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other

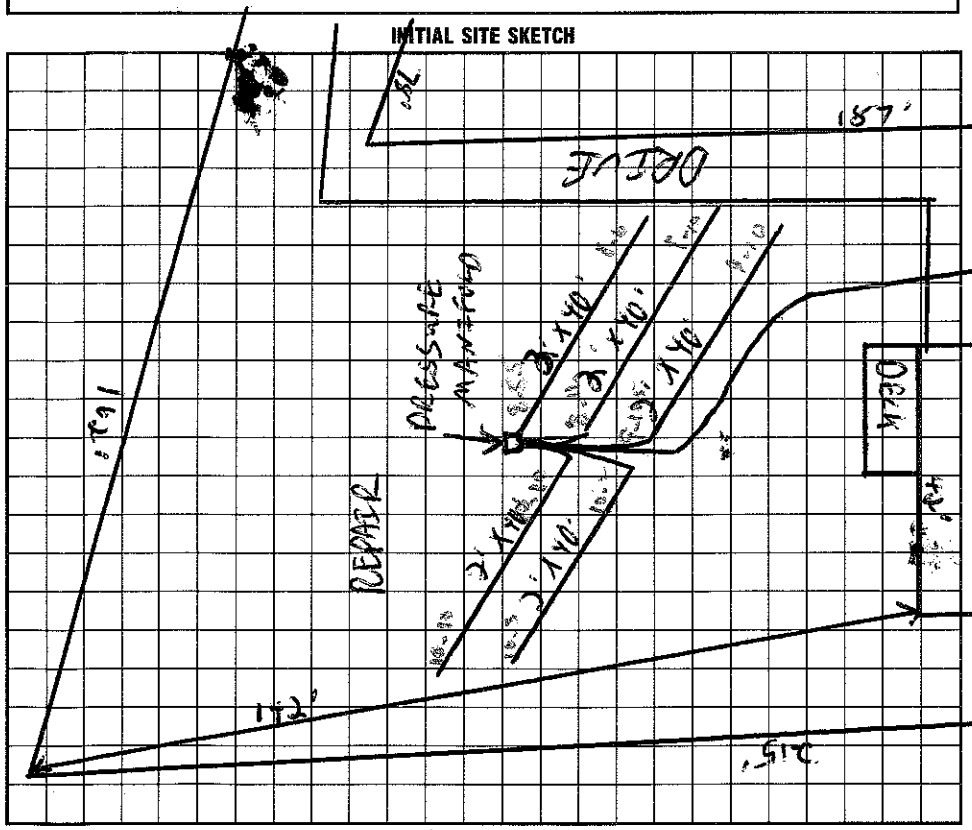
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

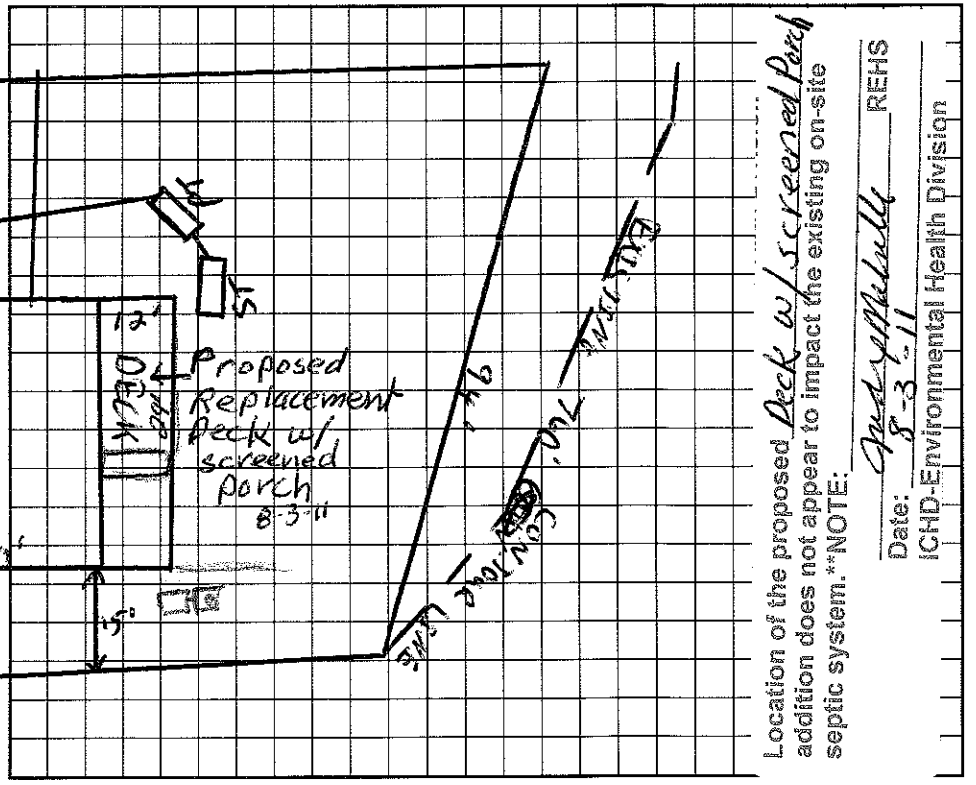
Comments: SYSTEM NEEDS TO BE 25' UPSLOPE FROM BASEMENT WALL AND 50' FROM NEIGHBOR'S WELL

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed Deck w/ screened Porch addition does not appear to impact the existing on-site septic system. **NOTE:

Date: 8-3-11 REHS

ICHD-Environmental Health Division

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: Mike Kidd

Improvement Permit by: C. [illegible] date 5/5/97

~~Existing System Inspection by:~~ AUTHORIZATION TO CONSTRUCT C. [illegible] date 5/5/97

Installed by: Mike Kidd

Certificate of Completion by: _____ date _____

Operation Permit by: C. [illegible] date 8/11/98

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