PIN# 4646-88-7789

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. 2399 DATE Sept. 9, 93 TAX MAP NO. 2J 11 A11

OWNER OR CONTRACTOR Winfred Bridges PHONE: Business _____ Home 933-0068

ADDRESS 4367 Kenbuck Dr. Kannapolis 28081

LOCATION 21 S. TR SR 1100 TL Sunfish TR Clipper's Lane AT End

SUBDIVISION Clipper Run BLOCK / SECTION _____ LOT 11 LOT AREA 1.9 Ac. SITE CLASS. PS L.T.A.R. .3 to 18"

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 794 Delbert Date 1-12-94

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 2 Square Feet 1200 Linear Feet 400

No Lines 2 Trench Width 36" Trench Depth 18" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: none

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

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

Garbage Disposal: ☐ Yes ☑ No

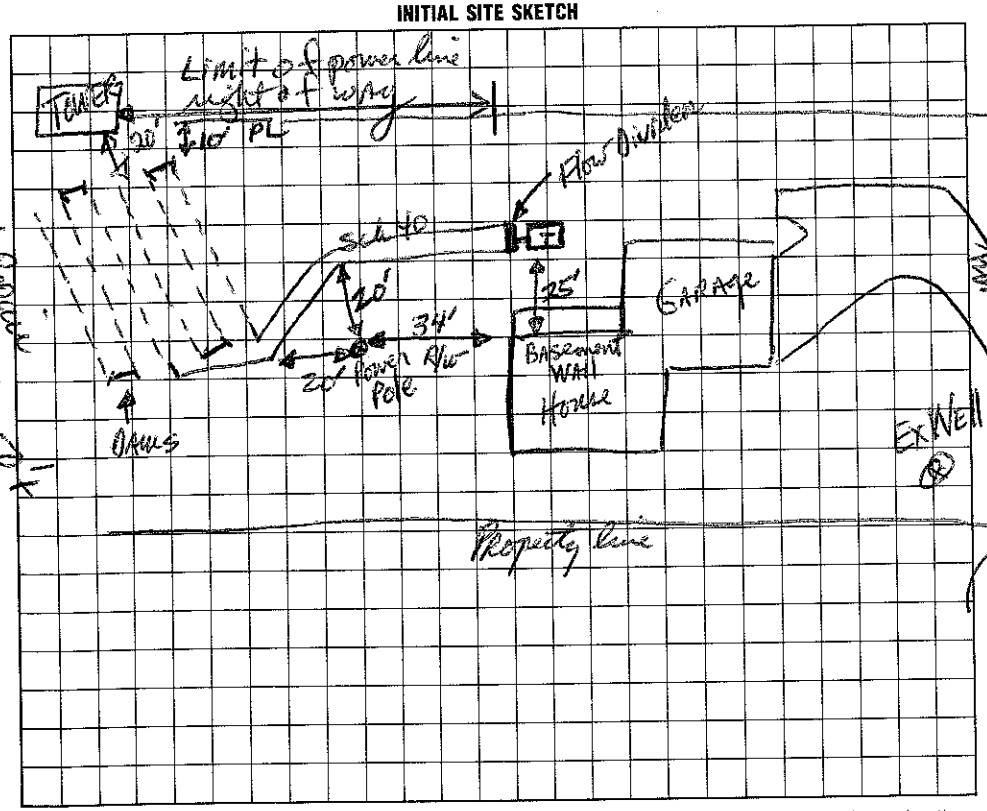
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

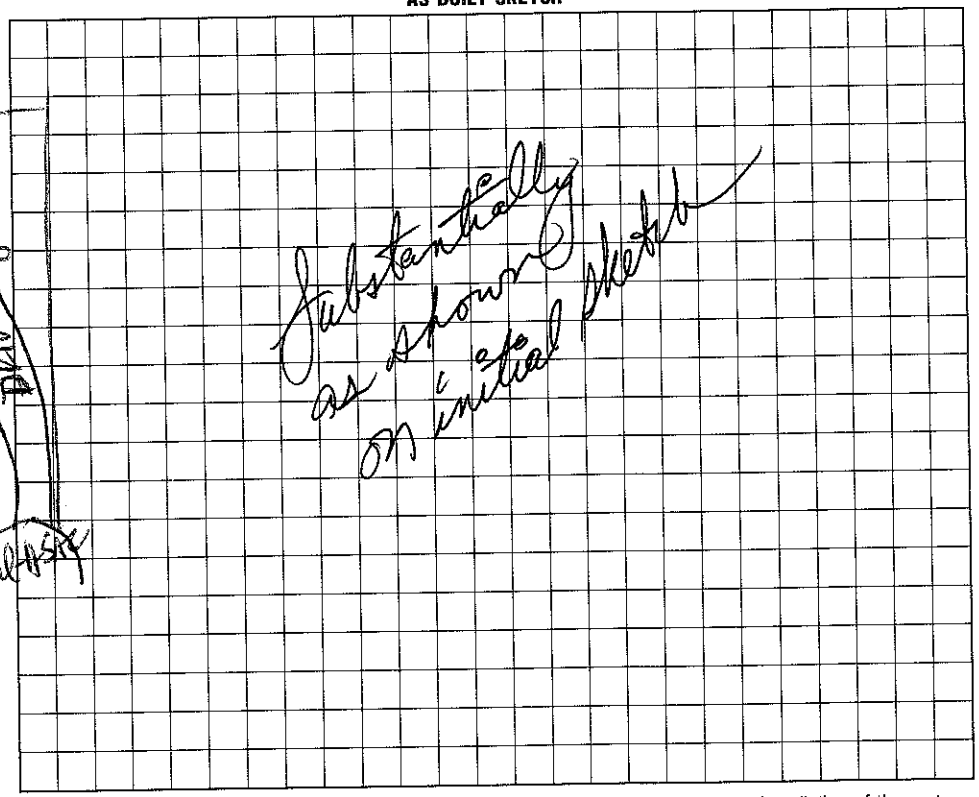
Other _____

Comments: ~~X~~ On site consultation required prior to any construction of septic system. This site was originally permitted in 1986; the house was under construction when the original permit expired.

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: Winfred Bridges

Improvement Permit by: Diane L. Hinson, RS date 9/9/93

Existing System Inspection by: _____ date _____

Installed by: J R Bowles

Certificate of Completion by: Diane L. Hinson, RS date 2/25/94

Operation Permit by: _____ date _____

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