IREDELL COUNTY HEALTH DEPARTMENT

4658345475

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. N/A DATE 6/3/93

OWNER OR CONTRACTOR WILLIAM MCKENZIE TAX MAP NO. 7

ADDRESS CORNELIUS RD. - MOORESVILLE PHONE: Business 663-7026 Home 663-4486

LOCATION CORNELIUS RD. - 2IN TL CORNELIUS 2ND HOUSE ON (E) AFT FRIENDSHIP BAP.

SUBDIVISION N/A BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB _____ Date _____ → EXISTING

Pump Tank: _____ Gallons; PT _____ Date _____

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

No Lines 4 Trench Width 3' Trench Depth 36" Gravel Depth 12"

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

System Description: CONV - TRENCHES

Repair System Description: _____

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

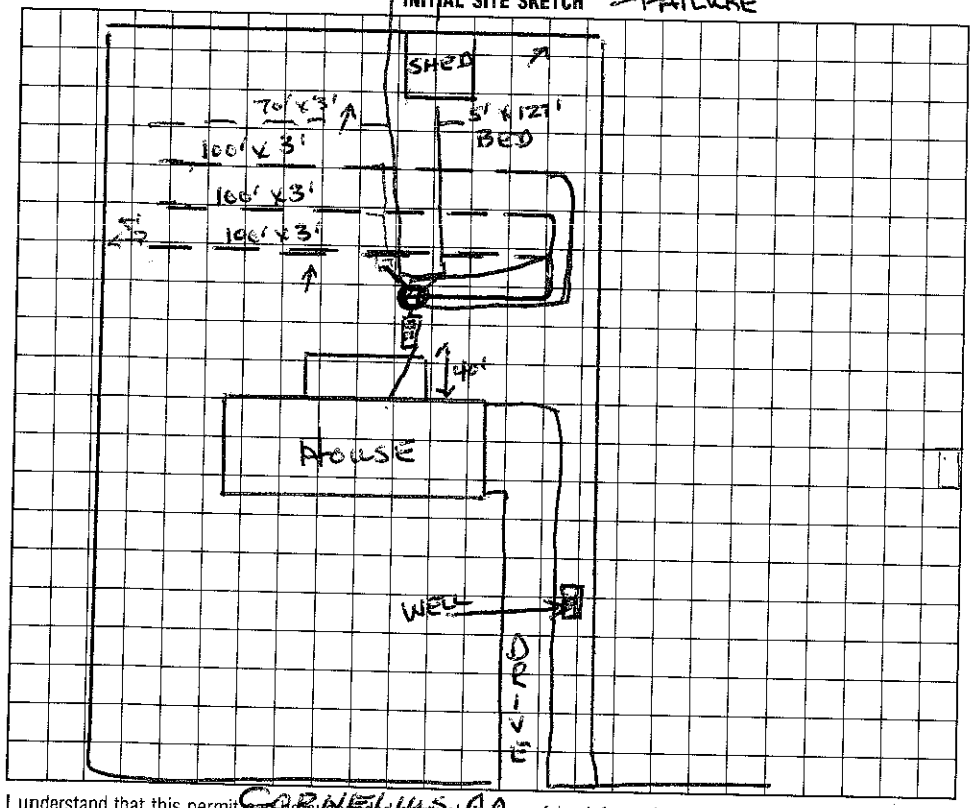
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

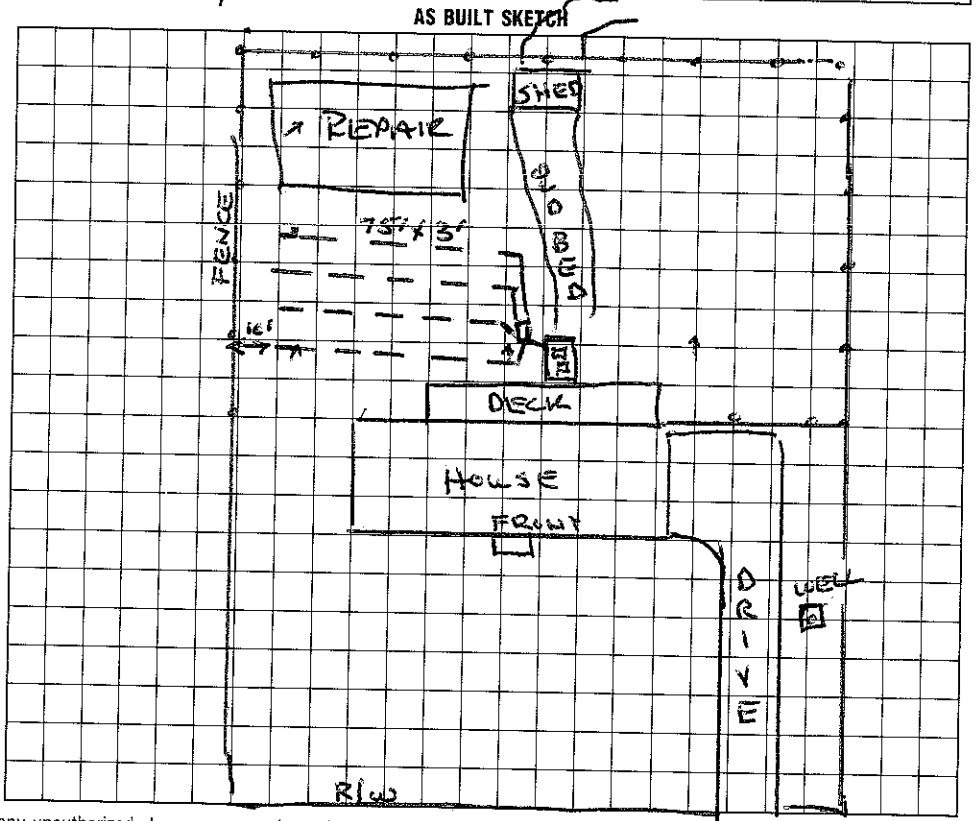
Other _____

Comments Original system installed 9-20-76 for Keith McKenzie for 2 bedroom 1 Bath mobile home - Shed and fence have helped system - runs down slope - Repair BAD PLUMBING PROBLEM IN HOUSE, CONSTANT LEAK INTO D/B 6/23/93 → FAILURE

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: Wesley Sparks RS. date 6/3/93

Existing System Inspection by: _____ date _____

Installed by: Julian Bowles CORNELIUS RA

Certificate of Completion by: Wesley Sparks RS. date 6/23/93

Operation Permit by: _____ date _____

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