unable to locate

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. 16918 DATE 9-1-93 TAX MAP NO. 8M-B-8

OWNER OR CONTRACTOR James J. Munday PHONE: Business _____ Home 872-2216

ADDRESS Rt. 6, Box 629 Statesville, N.C. 28677

LOCATION I40W, T1 Old Mtn. Rd. TR Beulah Rd TL gravel rd. just past blue aluminum building on R. lot at end on L.

SUBDIVISION Munday MHP BLOCK / SECTION _____ LOT 14 LOT AREA 140' x 337' SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☐ Individual ☐ Community ☑ Public county water

Septic Tank: 1000 Gallons; STB 1012 Date 7-20-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3 Trench Width 36" Trench Depth 18"-30" Gravel Depth 12"

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

System Description: conventional, gravity

Repair System Description: " "

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

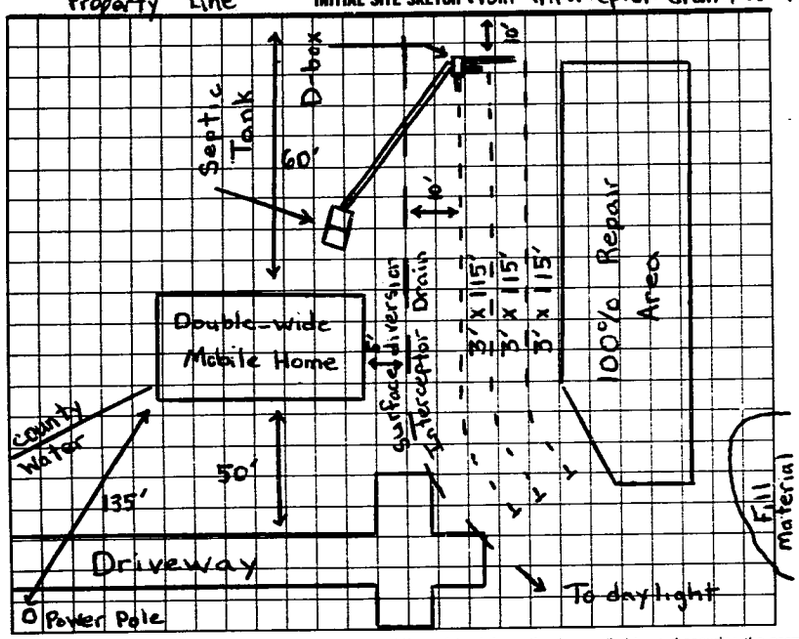
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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

Comments INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Install interceptor drain (french drain) around septic system, 4' deep, 1' wide, gravel up to 6" of surface, discharge to daylight. Create surface diversion ditch with interceptor drain. Keep French drain 5' from foundation of home; Keep Nitrification lines on contour, keep system 10' from interceptor drain, 10' from all property lines, an 10'

INITIAL SITE SKETCH



AS BUILT SKETCH from water line

100% Repair Area below system, conventional, gravity fed.

SAME AS INITIAL 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: James J. Munday

Improvement Permit by: Michael J. Dennis date 9-1-93

Existing System Inspection by: _____ date _____

Installed by: James Hudler

Certificate of Completion by: Michael J. Dennis date 9-3-93

Operation Permit by: _____ date _____

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