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. 16728 DATE 8-10-93 TAX MAP NO. Pt of 8M-A-42

OWNER OR CONTRACTOR Clarene Kistler PHONE: Business _____ Home 871-0181

ADDRESS Rt. 6 Box 117-A Statesville, N.C. 28677

LOCATION I40W TR Old Mtn. Rd. Last SW MH on R before Fire department.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P.S. L.T.A.R. .35 gpd / ft²

Water Supply: ☐ Individual ☐ Community ☑ Public County Water

Septic Tank: Existing Gallons: STB — Date —

Pump Tank: — Gallons: PT — Date —

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100'

No Lines 1 Trench Width 36" Trench Depth 36" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☑ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

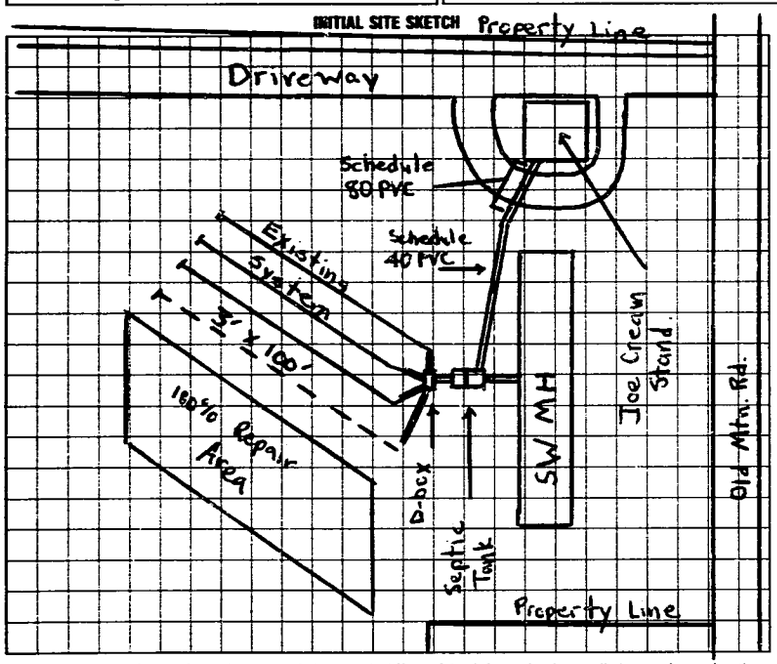
☑ Business No. Employees 1 Auto. Washing Macnine: ☑ Yes ☐ No

☑ Other SW MH and Ice Cream Stand. Other _____

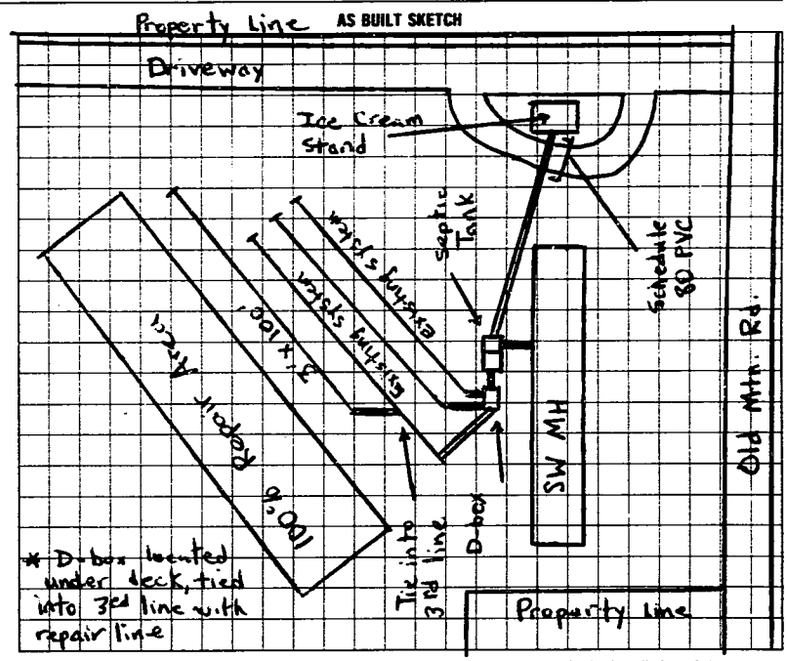
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments Add 100' of drainline to existing system. Keep line on contour and as shallow as possible. Run schedule 80 PVC underneath driveway. 100% Repair Area below system, conventional, gravity fed

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: Danny Kistler Installed by: A-1 Backhoe

Improvement Permit by: Michael L. Dennis date 8-10-93 Certificate of Completion by: Michael L. Dennis date 9-27-93

Existing System Inspection by: _____ date _____ Operation Permit by: _____ date _____

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

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