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. 17395 DATE 11-5-93 TAX MAP NO. 8T-2-A-13 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Bruce Kuete PHONE: Business _____ Home 838-2854

ADDRESS Rt. 8 Box 415M Statesville, N.C. 28677

LOCATION I40W TR Old Mtn. Rd. TR Alpine circle. lot on R back in woods. Drive approx 3/4 mile down Alpine Circle.

SUBDIVISION N. Alexander BLOCK / SECTION _____ LOT 13 LOT AREA 10.02 Acres SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 min. Gallons; STB 1012 Date 8-17-93
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230'
No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: conventional, gravity fed.
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No

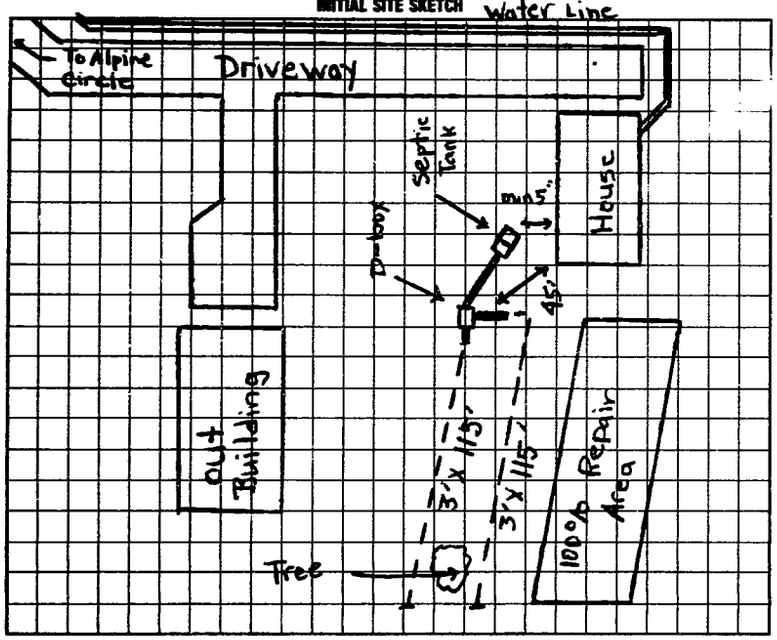
☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1.5
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: INSTALL SYSTEM ON CONTOUR. Keep system min. 5' from foundation of home, 10' from water line, and 10' from any property line. Straddle tree with drain lines. 100% Repair Area below system, conventional, gravity fed.

Comments: Home not built at time of inspection. Keep home min 5' from any part of system. Keep water line 10' from any part of septic system. 100% Repair below system, conventional, gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH

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.

Signature: _____

Improvement Permit by: Michael J. Dennis date 11-5-93

Existing System Inspection by: _____ date _____

Installed by: James Hudler

Certificate of Completion by: Michael J. Dennis date 11-24-93

Operation Permit by: _____ date _____

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