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. 2557 DATE 12-16-96 TAX MAP NO. 9R-A-3 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JAMES R. KENNEDY PHONE: Business Home 585-6113

ADDRESS P.O. BOX 123 STONY POINT NC 28678

LOCATION NC 90 W, TR MIDWAY ROAD, TL HARRIS BRIDGE ROAD ~ 1.0 MILE ON RIGHT

SUBDIVISION BLOCK / SECTION LOT LOT AREA AMPLE SITE CLASS. PS' DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB Date
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields Square Feet 625 Linear Feet 84'
No Lines 1 BED Trench Width 7½' Max Trench Bottom Depth Gravel Depth 10"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONV. GRAVITY
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

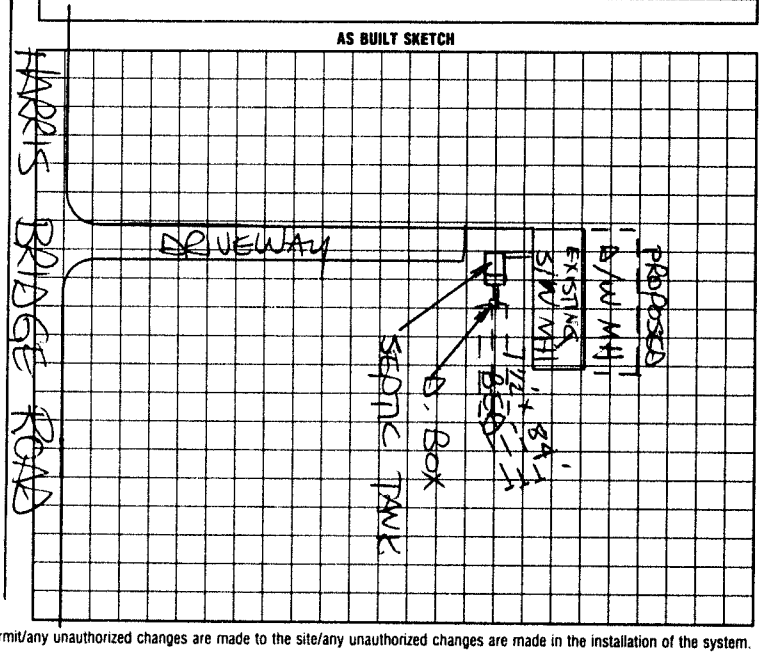
Water Supply:
☒ Individual
☐ Community
☐ Public
WELL

Comments:

Comments: ① KEEP MH MINIMUM 5' FROM SYSTEM
② KEEP WELL MINIMUM 100' FROM SYSTEM

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: date

Existing System Inspection by: STEVE HEDRICK date 12-16-96

Installed by:

Certificate of Completion 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