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. Repair DATE 3-14-94 TAX MAP NO. Repair Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Alexandra Schwendener PHONE: Business _____ Home 528-4229

ADDRESS Rt. 10 Box 200 Statesville, N.C. 28677

LOCATION I40W TL Old Mtn. Rd TR East Mombo Rd. TR Pineville Rd. TL Spring Shore Dr. TL Island View Rd. Last house on R.

SUBDIVISION Spring Shore BLOCK / SECTION — LOT — LOT AREA ± 3/4 acre SITE CLASS. Repair DESIGN FLOW 360 L.T.A.R. Repair

Septic Tank: Existing Gallons; STB — Date —
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 2 Square Feet 585 Linear Feet 195'
No Lines 3 Trench Width 9'x65' Max Trench Bottom Depth 49" Gravel Depth 18"

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

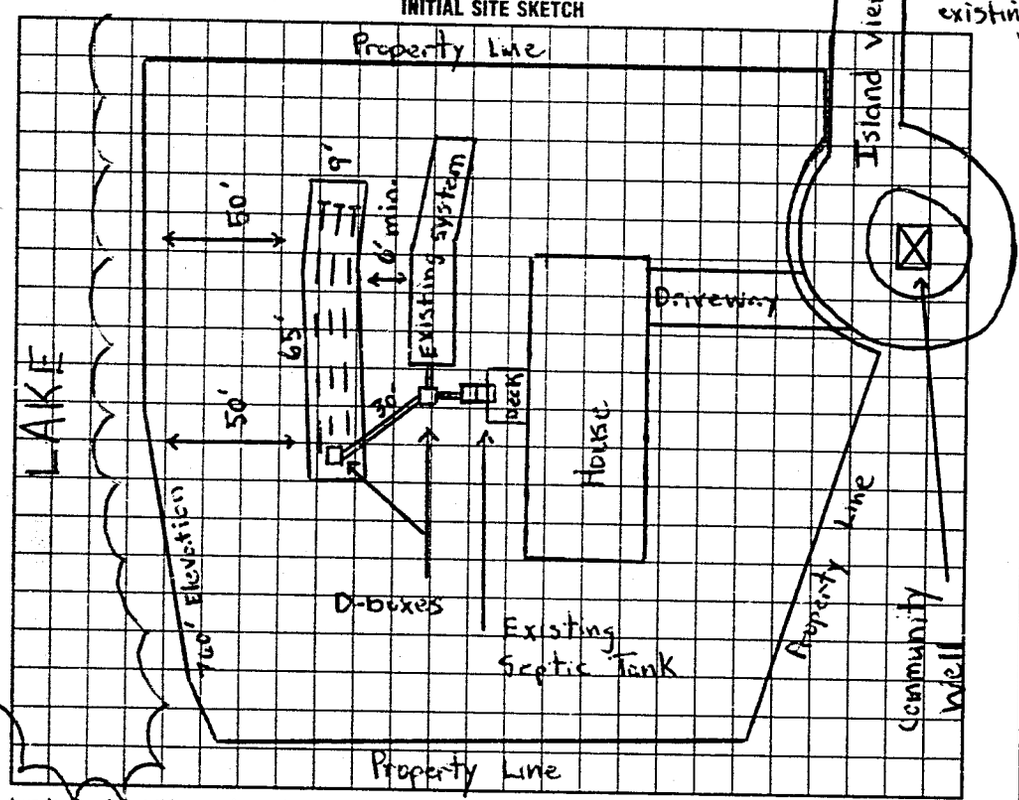
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees —
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Install 9'x65' Bed. Lower side (Lake side) of bed no deep than 24" to the bottom of the trench. Keep Repair bed on contour. Keep repair 6' from existing system, 10' from all property lines, and 50' from 760' elevation mark. Feed existing system first, Repair last.

Comments:

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.

Signed: Alexandra Schwendener

Improvement Permit by: Michael J. Dennis / J.C. Moore date _____

Existing System Inspection by: _____ date _____

Installed by: AAA Enterprises

Certificate of Completion by: J-C Moore date 5-20-94

Operation Permit by: _____ date _____

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

25120