11:00

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. 16677 DATE 7-20-93 TAX MAP NO. 8T-B-121

OWNER OR CONTRACTOR Charles Cline PHONE: Business Home 873-8332

ADDRESS 808 W. End Ave. Statesville, N.C. 28677

LOCATION I-40W TL Old Mtn. Rd. TR Celeste-Eufola Rd. Lot on R. .7 miles from Old Mtn. Rd.

SUBDIVISION NA BLOCK / SECTION LOT LOT AREA ≈2.0 acres SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☐ Individual ☐ Community ☑ Public county water

Septic Tank: 1000 Gallons; STB 794 Date 8-10-93

Pump Tank: Gallons; PT Date

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

No Lines 4 Trench Width 36" Trench Depth 18"-36" Gravel Depth 12"

☑ New System ☐ Repair System Type: (I) 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 —

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

Garbage Disposal: ☐ Yes ☑ No

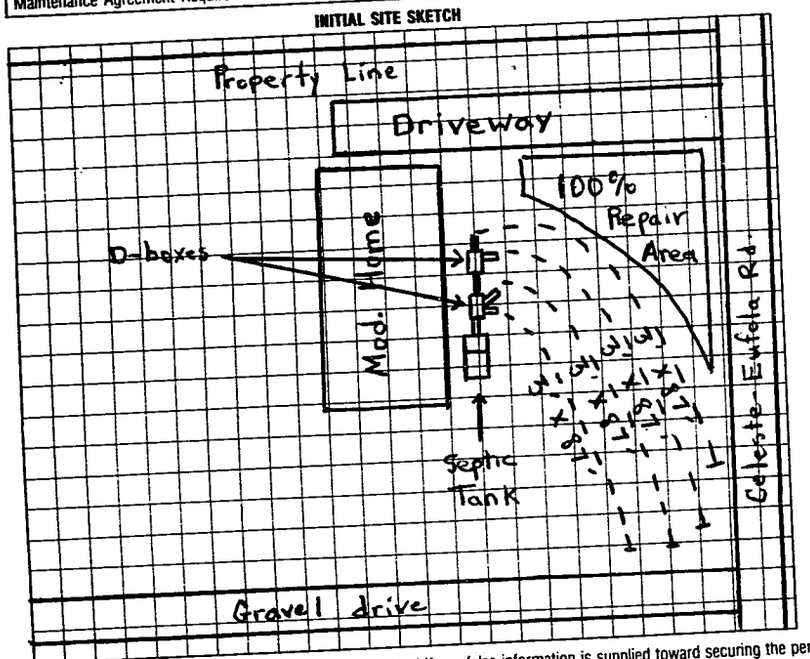
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

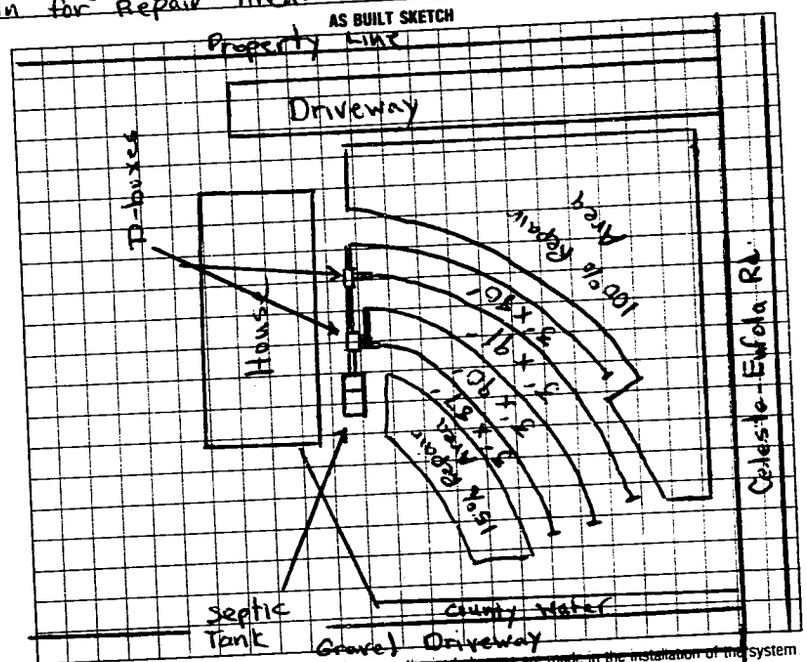
Other

Comments Keep Nitrification lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. 100% Repair Area below home, conventional, gravity fed. Drawing not to scale, there is more area than is shown for Repair Area.

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: Beverly B. Clark

Improvement Permit by: Michael J. Dennis date 7-20-93

Existing System Inspection by: date

Installed by: Ken Painter (Iron Horse Grading)

Certificate of Completion by: Michael J. Dennis date 9-8-93

Operation Permit by: date

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