49746

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. 17059 DATE 10-15-93 TAX MAP NO. Pt. of 8K-D-63 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Lendell L. Kennedy PHONE: Business _____ Home 838-1324

ADDRESS Rt. 14 Box 132 Statesville, N.C. 28677

LOCATION I40W TL old Mtn. Rd. TL Bethlehem Rd. Lot on R behind 1st SW MH on R.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 8-1-93

Pump Tank: 1000 Gallons; PT 188 Date 4-9-90

Pump Make: Liberty Model LE 70/102 Serial No. .75 hp.

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Pump to conventional

Repair System Description: Pump to PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☑ Other 2 Bedroom SW MH system

No. Bedrooms 3 No. Bathrooms 2 No. Employees –

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

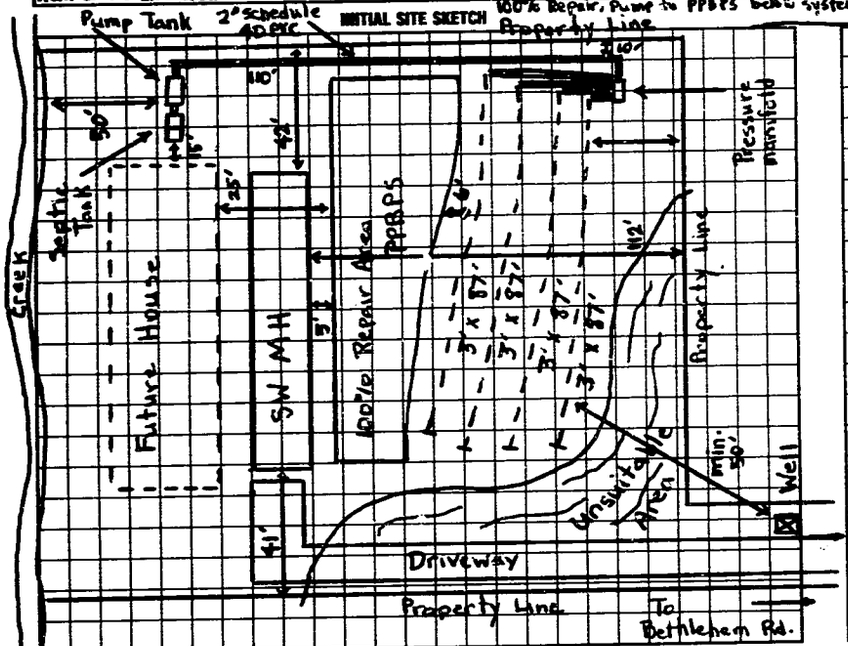
Water Supply: ☑ Individual ☐ Community ☐ Public Share Well

Comments: Pump to pressure manifold. Install system shallow, no deeper than 30" to bottom of trench. Keep lines on contour. Keep system 5' from foundation of MH (25' from future house) 10' from all property lines, 10' from water line, and 50' from creek and well. Install pump that will deliver 48 gpm at 28.52 TDH (see attached)

Comments: Drain Lines, pump, pump tank, and septic tank checked. Also pressure manifold checked (10-29-93) Home not located at time of inspection. Keep min. 5' from any part of system and Repair Area.

100% Repair. Pump to PPBPS below system. Septic Tank and pump tank may be oriented different than drawn. At home owners request.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL SKETCH

* check pump literature to see if pump needs to stay completely submerged at all times. Raise floats if needed.
* Home pulled in over drain field (septic system). This may have caused damage to system.
* checked Alarm, floats, and NEMA 4X Box. 12-13-93

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: Lendell Kennedy

Improvement Permit by: Michael J. Dennis date 10-15-93

Existing System Inspection by: _____ date _____

Installed by: JAMES HUDLER

Certificate of Completion by: Michael J. Dennis date 12-13-93

Operation Permit by: _____ date _____

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