# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

52292

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18743 DATE 7-21-94 TAX MAP NO. 8T-3-A-14 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Larry D. Kennedy PHONE: Business _____ Home 873-2520

ADDRESS Rt. 14 Box 521 Statesville, N.C. 28677

LOCATION T 40W TR Stamey Farm Rd TL Island Ford Rd TR Woodbridge Rd TL Delaware Rd TR West Ridge Dr. 4th Lot on L

SUBDIVISION West Ridge 3/D BLOCK / SECTION _____ LOT 14 LOT AREA ±100' x 200' SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft2

Septic Tank: 1000 Gallons; STB 794 Date 6-11-94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24'

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: conventional, gravity fed
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

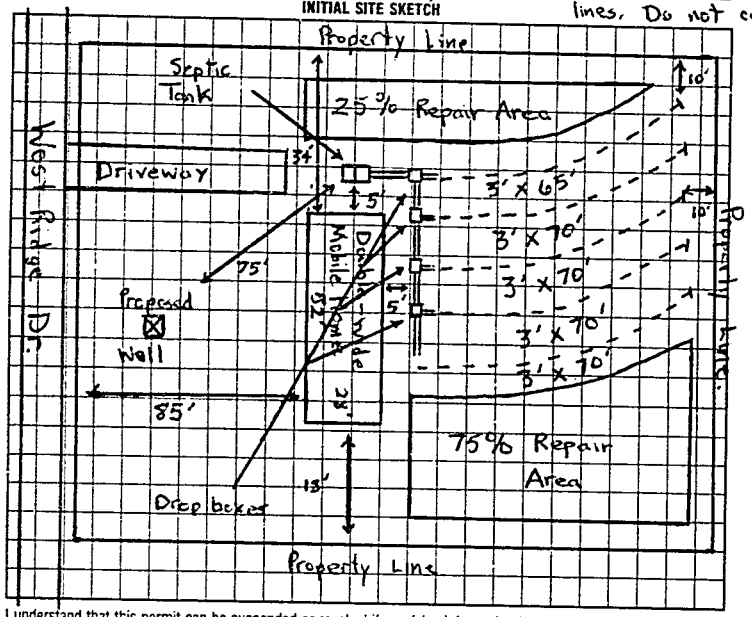
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines and trenches on contour. Keep system 5' from foundation of home, 10' from all property lines, and 75' from well. 25% Repair Area above lines, 75% Repair Area below lines. Do not cut or fill in areas where system or repair is to be installed.

Comments: Home not located at time of inspection. Well also not located. Keep Home min 5' from any part of system and well 75' from any part of system

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 suppiied 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: X Larry Kennedy

Improvement Permit by: Michael J. Dennis date 7-21-94

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: Michael J. Dennis date 8-11-94

Operation Permit by: _____ date _____

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

288000