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. 16435 DATE 6-4-93

OWNER OR CONTRACTOR Paul Warren PHONE: Business _____ TAX MAP NO. 3L-A-8

ADDRESS Rt 10 Box 166 Statesville, N.C. 28677 Home 528-5805

LOCATION I40W TL Old Mtn. Rd. TR Buffalo Shoals Rd. TL Pineville Rd. Lot behind 1st Brick house on left after VFD,

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ L.T.A.R. _____

Water Supply: ☑ Individual ☐ Community ☐ Public Share with House (Well)

Septic Tank: 1000 Gallons; STB 4-6-93 Date 1012

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230'

No Lines 3 Trench Width 36" Trench Depth 24"-36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. II. IV. V. VI

System Description: Conventional, gravity fed.

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees —

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

Garbage Disposal: ☐ Yes ☑ No

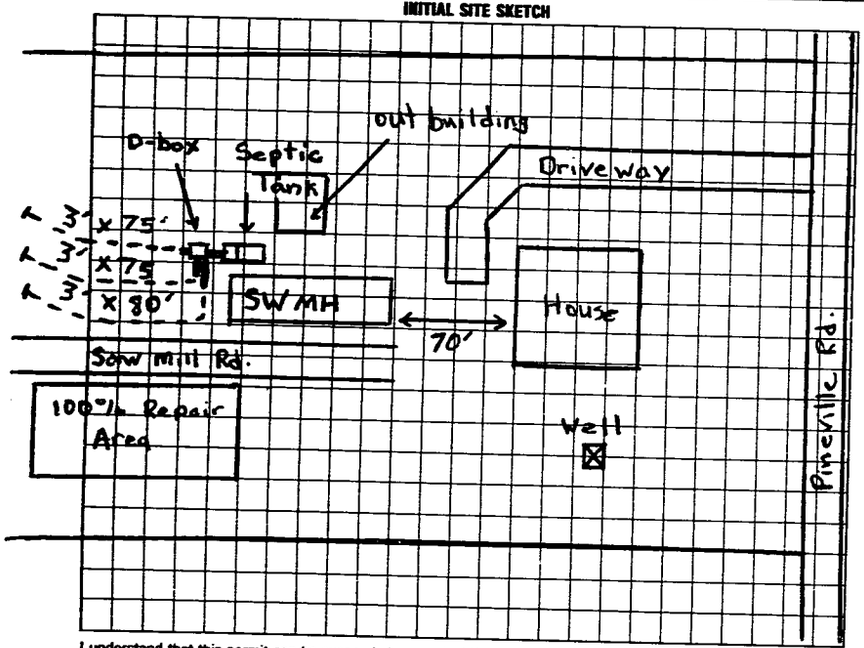
Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

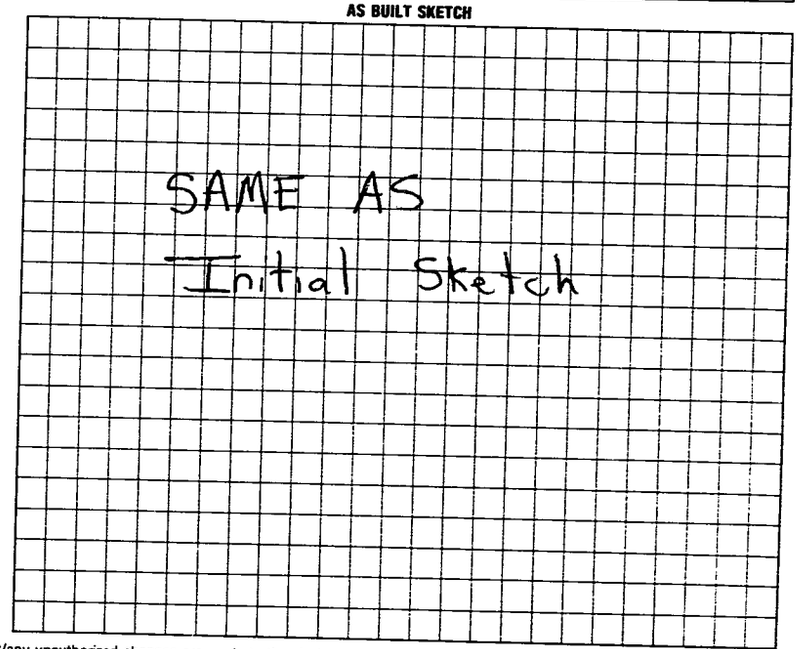
Other _____

Comments Install Nitrification lines on contour, keep system min. 5' from foundation of home, 10' from all property lines, and min. 50' from any well. 100% Repair Area below system below saw mill Rd. Conventional, gravity fed.

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: Rona Warren

Improvement Permit by: Michael J. Dennis date 6-4-93

Existing System Inspection by: _____ date _____

Installed by: Forest Shuford

Certificate of Completion by: Michael J. Dennis date 6-16-93

Operation Permit by: _____ date _____

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