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. 26094 DATE 10-7-97

OWNER OR CONTRACTOR Chris Davidson (Kyles Dev. Partners) TAX MAP NO. 4722345864 PJ

ADDRESS POBox 5602 Statesville NC PHONE: Business _____ Home _____

Watershed: ☐ Yes ☐ No WSIV PA

LOCATION I40W TL old Mtrd TL kyleswood Dev. 4Tot on Left

SUBDIVISION Kyleswood BLOCK / SECTION _____ LOT 4 LOT AREA 31,999sqft SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 1-20-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12.0

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: Purple Conventional

Maintenance Agreement Required: ☐ Yes ☒ No Chem/Pads

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

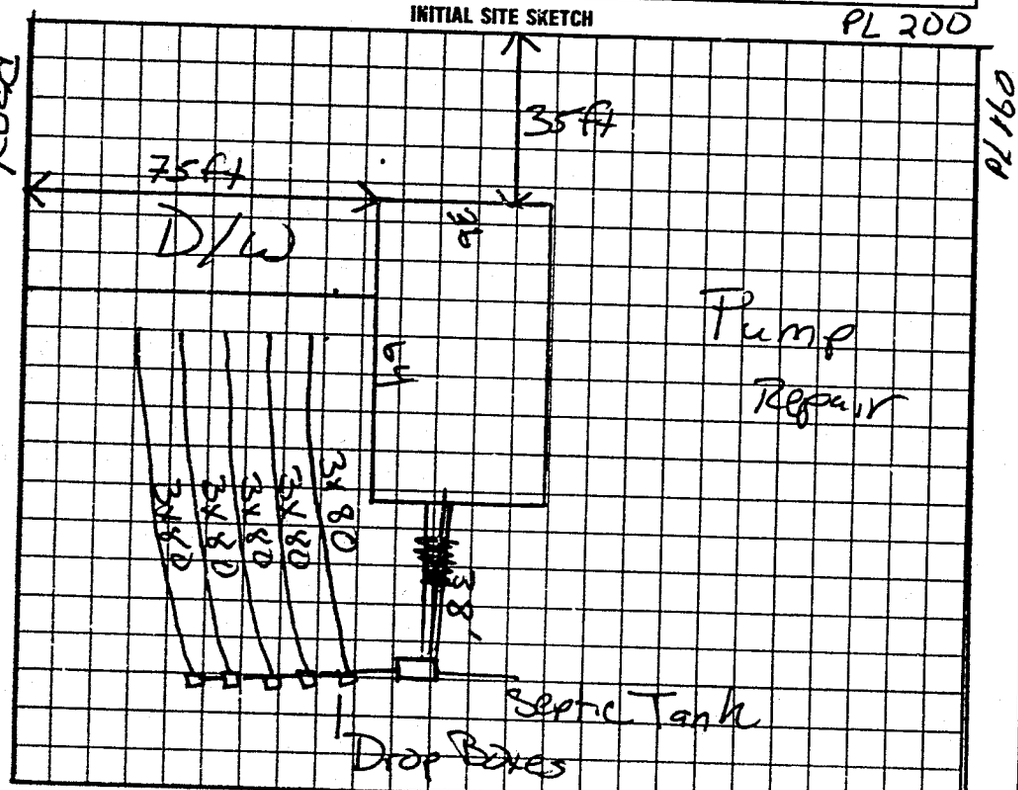
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public WL11

Comments: Keep lines on contour, 9ft on center
Keep water line 10 ft from system.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSPECTED ACCORDING TO INITIAL SITE 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: _____

Improvement Permit by: _____ date 10-7-97

Authorization to Existing System Inspection by: Mark C. Orf RS date 10-7-97

Const. HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW

Installed by: DAVID YOUNTS

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HEDRICK date 4-6-98

INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD