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. Repair DATE 6-25-93 TAX MAP NO. Repair

OWNER OR CONTRACTOR Bill Auton PHONE: Business Home 873-0790

ADDRESS 837 Renolds Rd. statesville, N.C. 28677

LOCATION Hwy 70W TR Renolds Rd. 1st house on R past Bill's Welding

SUBDIVISION N/A BLOCK / SECTION LOT LOT AREA Ample SITE CLASS. Existing L.T.A.R. Repair

Water Supply: ☑ Individual ☐ Community ☐ Public Well

Septic Tank: Existing Gallons: STB — Date —

Pump Tank: — Gallons: PT — Date —

Nitrification Field: No Fields 2 Square Feet 450 Linear Feet 150'

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

☐ New System ☑ Repair System Type: I (II) III, 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 1 No. Employees —

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

Garbage Disposal: ☐ Yes ☑ No

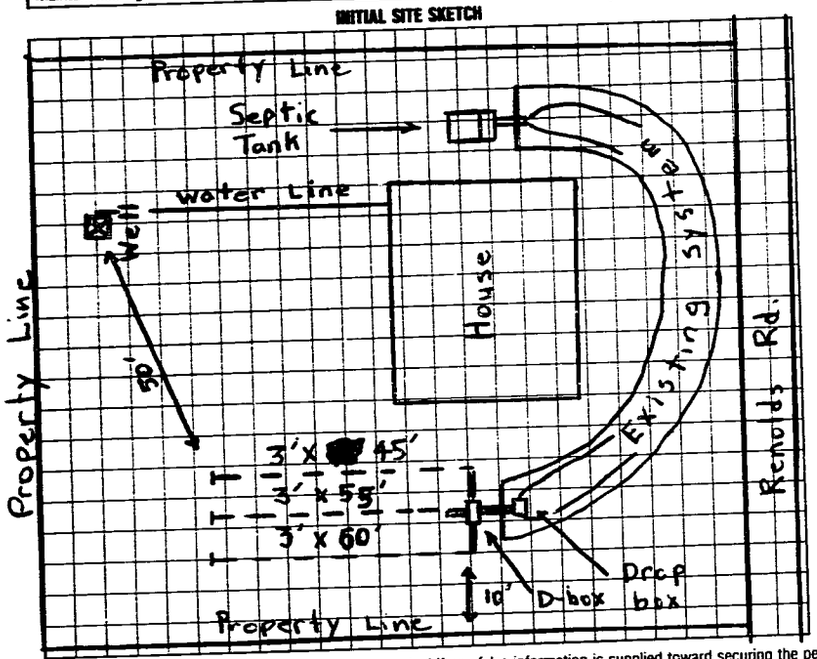
Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

Other

Comments Install drop box at end of existing system. (backwards drop box) Keep Nitrification Lines on contour. Keep system 10' from all property Lines, 5' from foundation of home, and 50' from well. Check integrity of tank, install new sanitary tee if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Installed new sanitary tee in septic Tank.
- All Maple trees should be cut down to keep drainlines from becoming clogged up with roots.

SAME AS INITIAL 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: ~~Bill Auton~~

Improvement Permit by: Michael A. Dennis date 6-25-93

Existing System Inspection by: date

Installed by: James Hudler

Certificate of Completion by: Michael A. Dennis date 8-19-93

Operation Permit by: date

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