9:30

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 Duke Clark PHONE: Business _____ Home 872-5935

ADDRESS 1206 Kennedy Ct. Statesville, N.C. 28677

LOCATION I40W TL Hwy 90 TR Hwy 70 TL Park Dr. to Rita Dr. TL Kennedy Dr. TR on Kennedy Ct. Lot at end.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA Ample SITE CLASS. Existing ~~L.T.A.R.~~ →

Water Supply: ☐ Individual ☐ Community ☑ Public city water

Septic Tank: Existing Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 2 Square Feet 600' Linear Feet 60' x 10' Bed

No Lines 2 Trench Width 10' Trench Depth 36" Gravel Depth 18"

☐ 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 3 J No. Bathrooms 1 No. Employees —

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

Garbage Disposal: ☐ Yes ☑ No

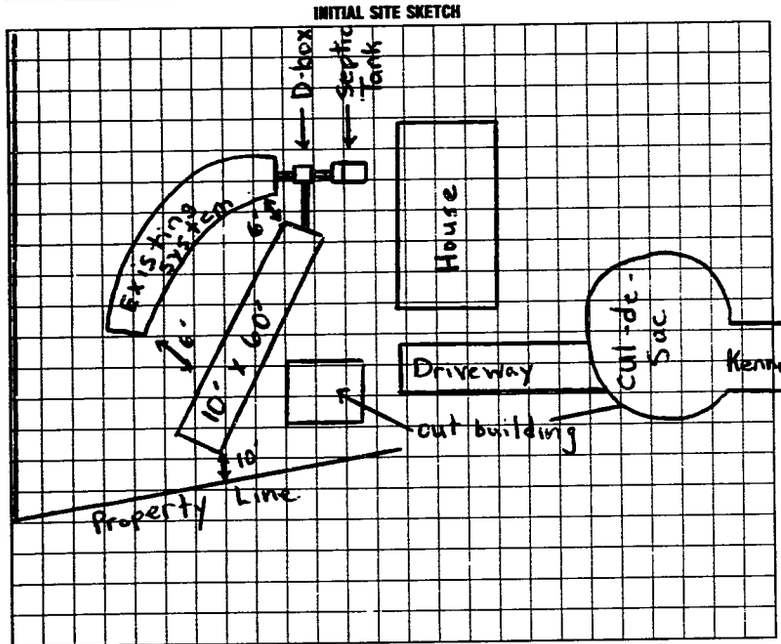
Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments Install Nitrification bed on contour. Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. Keep repair lines (bed) 6' from existing lines.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Installed new sanitary tee
- Installed new d-box

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: Marlin C Hanke

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

Existing System Inspection by: _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: Michael A. Dennis / Steve Hedrick date 7-30-93

Operation Permit by: _____ date _____

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