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 9-10-93 TAX MAP NO. Repair

OWNER OR CONTRACTOR Ken Wilson PHONE: Business Home 873-0255

ADDRESS 303 Island Ford Rd. Statesville, N.C. 28677

LOCATION I40W TR Hwy 90 TL Island Ford Rd. House on L (6th house on L.)

SUBDIVISION NA BLOCK / SECTION LOT LOT AREA 3.0 acre SITE CLASS. P.S. 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 600 Linear Feet 200'

No Lines 2 Trench Width 36" Trench Depth 18"-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 No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 3 Auto. Dishwasher: ☑ Yes ☐ No

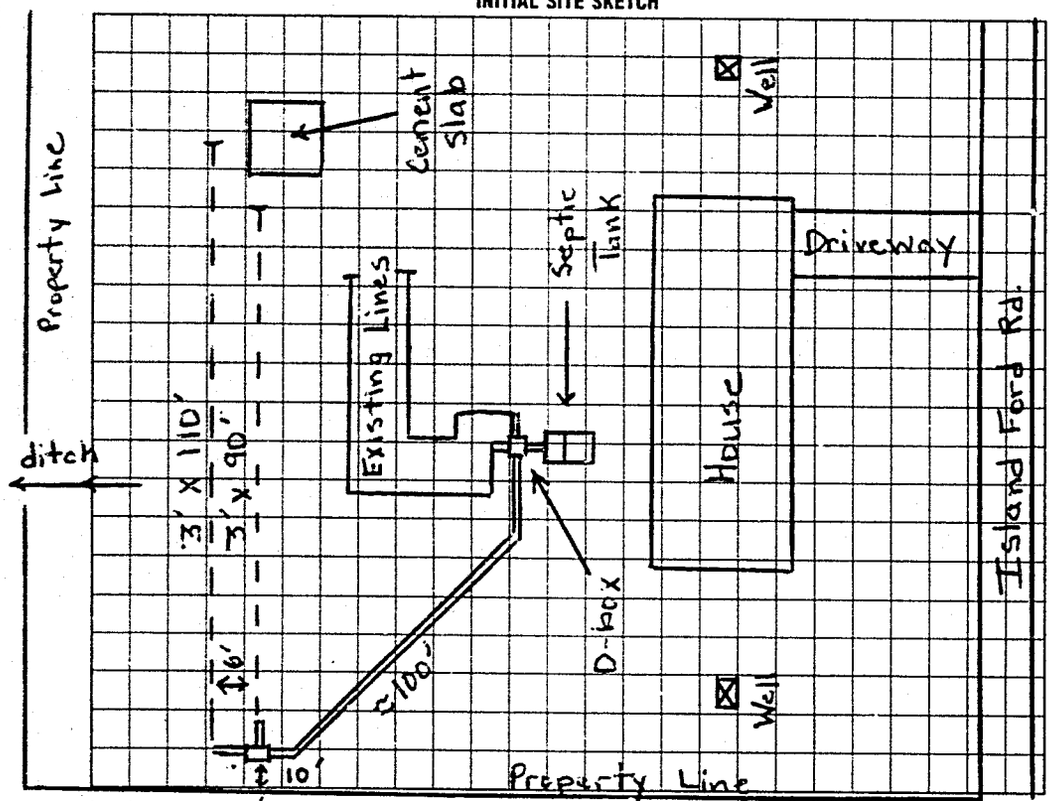
☐ Business No. Employees - Auto. Washing Machine: ☑ Yes ☐ No

☐ Other Other

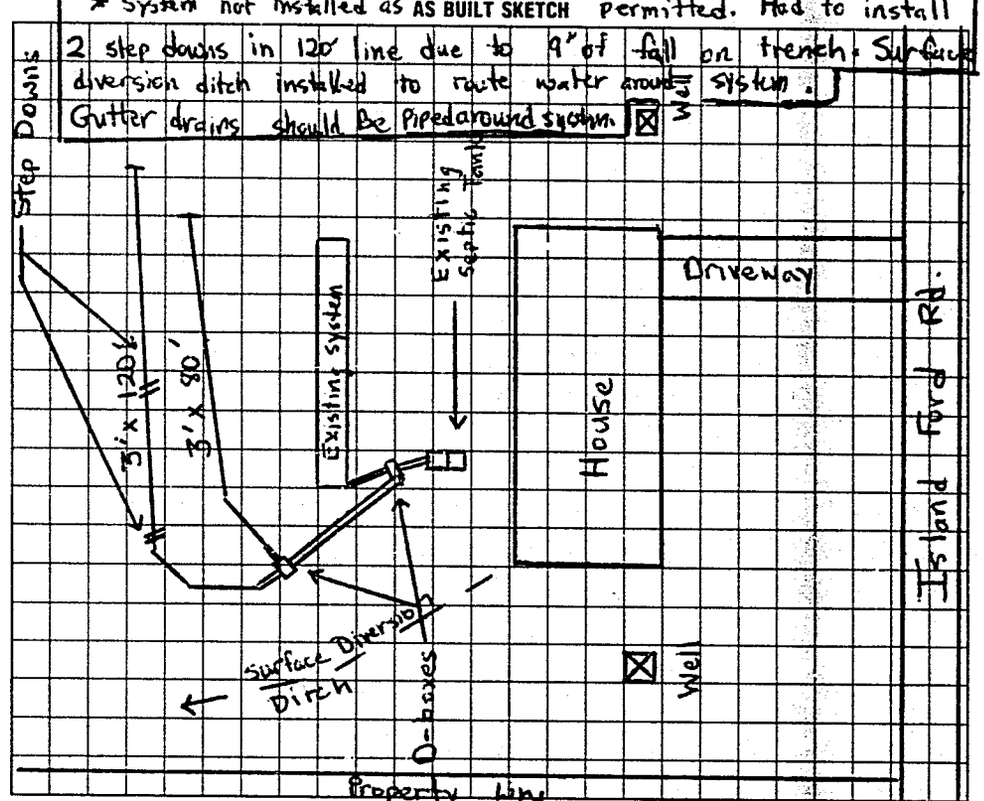
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments Install Repair lines on contour. Keep system 10' from all property lines, 6' from existing system, and 50' from any well. Check integrity of septic tank, install new sanitary tee if needed. Keep repair lines above mouth of ditch at back of yard.

INITIAL SITE SKETCH



* System not installed as AS BUILT SKETCH permitted. Had to install 2 step downs in 120' line due to 9" of fall on trench. Surface diversion ditch installed to route water around system. Gutter drains should be piped around system. ☒



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: Kenneth R Wilson

Improvement Permit by: Michael J. Dennis date 9-10-93

Existing System Inspection by: date

Installed by: Donald Lackey

Certificate of Completion by: Michael J. Dennis date 2-2-94

Operation Permit by: date

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