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. [redacted] 16442 DATE 6/7/93

OWNER OR CONTRACTOR HENRY WIDMER PHONE: Business _____ TAX MAP NO. 14F-4-A-18

ADDRESS RT. 2 BOX 399-A Home 876-6266

LOCATION NC 115 N TO ESTATE DRIVE, 2ND LOT ON (R)

SUBDIVISION JOHN S. KINK ESTATE BLOCK / SECTION _____ LOT 18 LOT AREA 103x172'x113x219' SITE CLASS. 05 L.T.A.R. 0.336 PD/PT2

Water Supply: ☑ Individual ☐ Community ☐ Public WELL NEXT DOOR

Septic Tank: 1000 Gallons; STB 1012 Date 3/19/93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3 Trench Width 3' Trench Depth _____ 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 2 No. Bathrooms 1 No. Employees _____

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

Garbage Disposal: ☐ Yes ☑ No

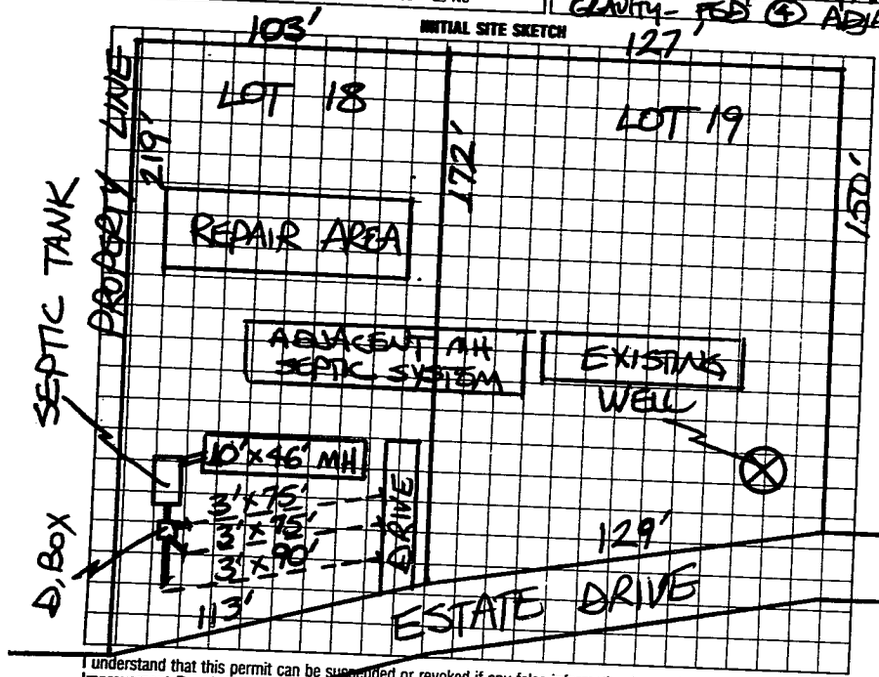
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

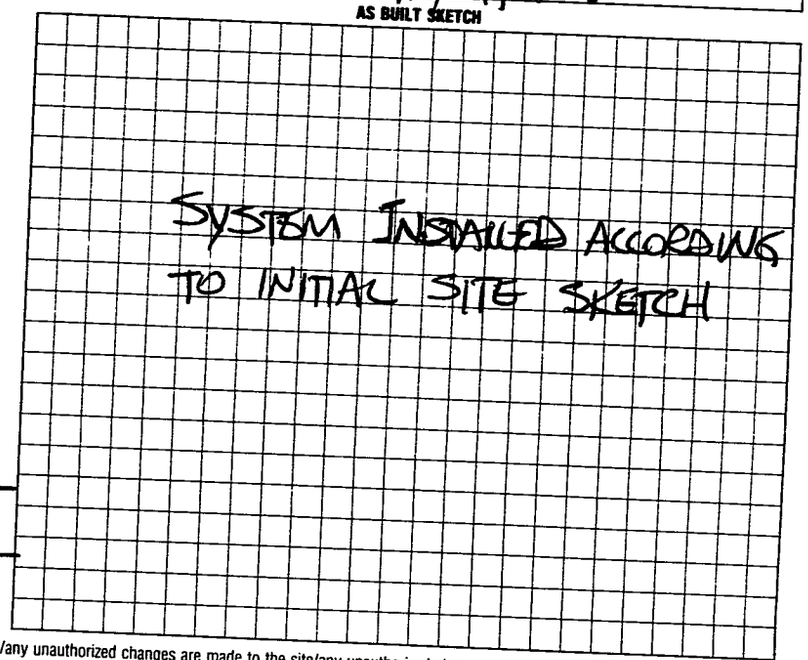
Other _____

Comments: ① KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE ② INSTALL NITRIFICATION TRENCHES WITH CONTOUR OF GROUND, NO DEEPER THAN 36" 9' APART ON CENTER ③ REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED ④ ADJACENT MH SYSTEM CROSSES PROPERTY LINE.

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: X Henry Widmer

Improvement Permit by: STEVE HEDRICK date 6/7/93

Existing System Inspection by: _____ date _____

Installed by: ESKER ELDER

Certificate of Completion by: STEVE HEDRICK date 6/14/93

Operation Permit by: _____ date _____

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