46737

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. 16035 DATE 4-14-94 TAX MAP NO. 6C-5-A-24 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Kenneth Parker PHONE: Business _____ Home 528-0424

ADDRESS _____

LOCATION I40W TL Old Mtn. Rd. TL Wallace Springs Rd. TL Weadfield Rd. TR Southview Rd. 2nd Lot on L

SUBDIVISION Southview Est. BLOCK / SECTION — LOT 24 LOT AREA .75 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1500 Gallons; STB 790 Date 1-6-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: conventional, gravity fed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees —

☐ Other _____

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

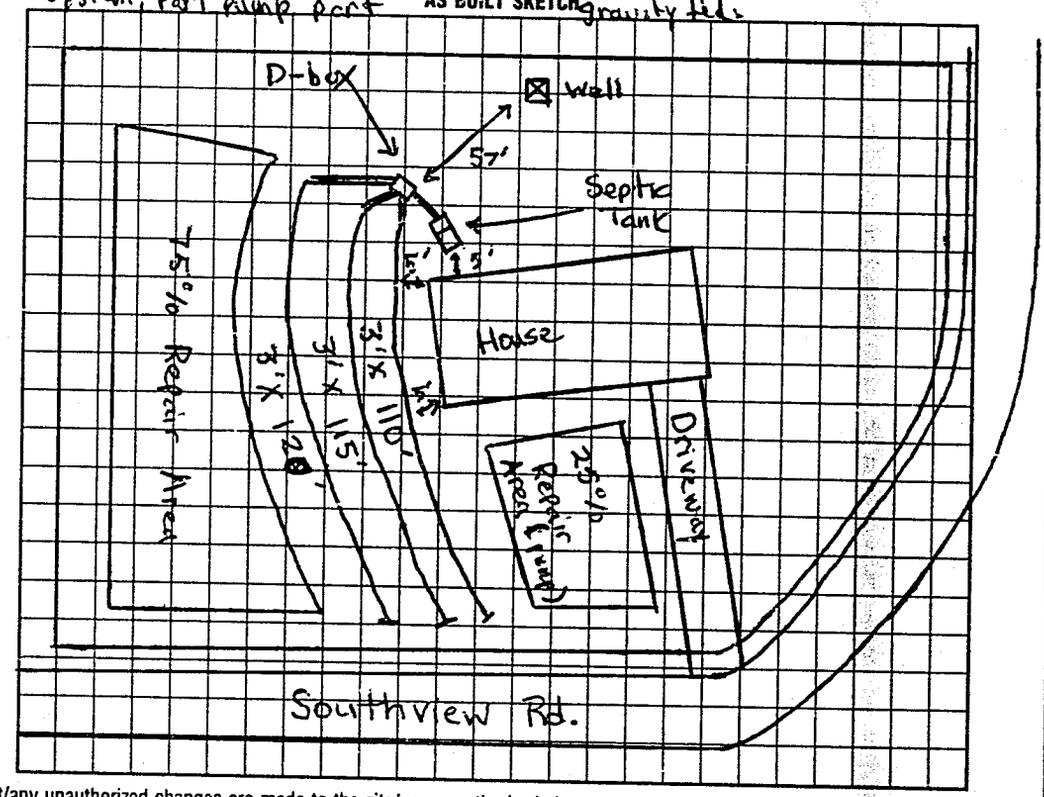
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: System not installed in contour due to location of well. In order to save some repair Area below system, the system was installed this way. System open to period of rain, this may affect life span of system. 100% Repair above and below system, part pump part

INITIAL SITE SKETCH

AS BUILT SKETCH gravity fed.



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: Michael J. Dennis date 3-31-93

Existing System Inspection by: _____ date _____

Installed by: J.C.'s Backhoe Service

Certificate of Completion by: Michael J. Dennis date 4-14-94

Operation Permit by: _____ date _____

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

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