IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

48637

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16836 DATE 8-24-93 TAX MAP NO. 6F-B-47

OWNER OR CONTRACTOR Rodney Jordan PHONE: Business Home 873-1606

ADDRESS 501 High Point Ave. Statesville, N.C. 28677

LOCATION I-40 W TL old Mtn. Rd. TL Wallace Springs Rd. TR Jordan Lane (driveway to VFW) 2nd driveway on L.

SUBDIVISION NA BLOCK / SECTION LOT 1 LOT AREA .913 acre SITE CLASS P.S. L.T.A.R. 135 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Share well with house next door.

Septic Tank: 1000 Gallons: STB 794 Date 6-11-93

Pump Tank: — Gallons: PT — Date —

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

No Lines 7 Trench Width 36" Trench Depth 15"-30" Gravel Depth 12"

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

System Description: Conventional, gravity.

Repair System Description: Pump to conventional

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☐ Yes ☑ No

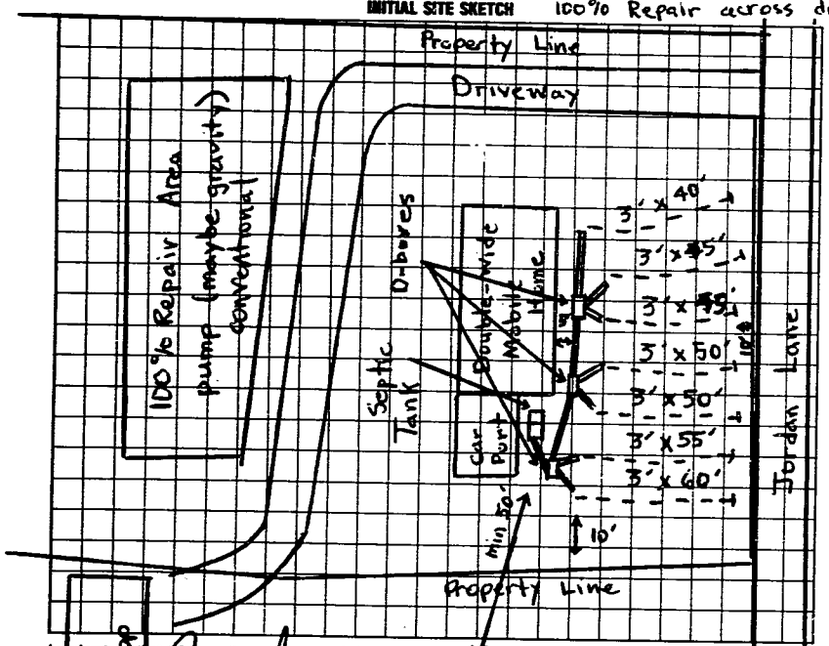
Auto. Washing Machine: ☑ Yes ☐ No

Other

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

Comments INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom.) Keep Nitrification Lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and 50' from any well. Grade lot so that drainage runs off lot. Add no more than 1' of fill over low area and cut no more than 6" off high areas. 100% Repair across driveway behind home. Pump to conventional. (maybe gravity).

INITIAL SITE SKETCH



AS BUILT SKETCH

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

Improvement Permit by: Michael J. Dennis date 8-24-93

Existing System Inspection by: date

Installed by: Mike Ingle

Certificate of Completion by: Michael J. Dennis date 9-16-93

Operation Permit by: date

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