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 6-17-93 TAX MAP NO. Repair

OWNER OR CONTRACTOR Bill Wood PHONE: Business Home 872-5002

ADDRESS 2032 Gagner St. Statesville, N.C. 28677

LOCATION I40 W TL Hwy 90 TR Hwy 70 TL Grier St TL Gagner St 1st house on L.

SUBDIVISION NA BLOCK / SECTION LOT LOT AREA Ample SITE CLASS. Repair L.T.A.R. Repair

Water Supply: ☐ Individual ☐ Community ☑ Public city water

Septic Tank: Existing Gallons: STB — Date —

Pump Tank: — Gallons: PT — Date —

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 10' x 60'

No Lines 3 Trench Width 10 Trench Depth 36" Gravel Depth 18"

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

System Description: Convention, gravity

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 1 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☐ Yes ☑ No

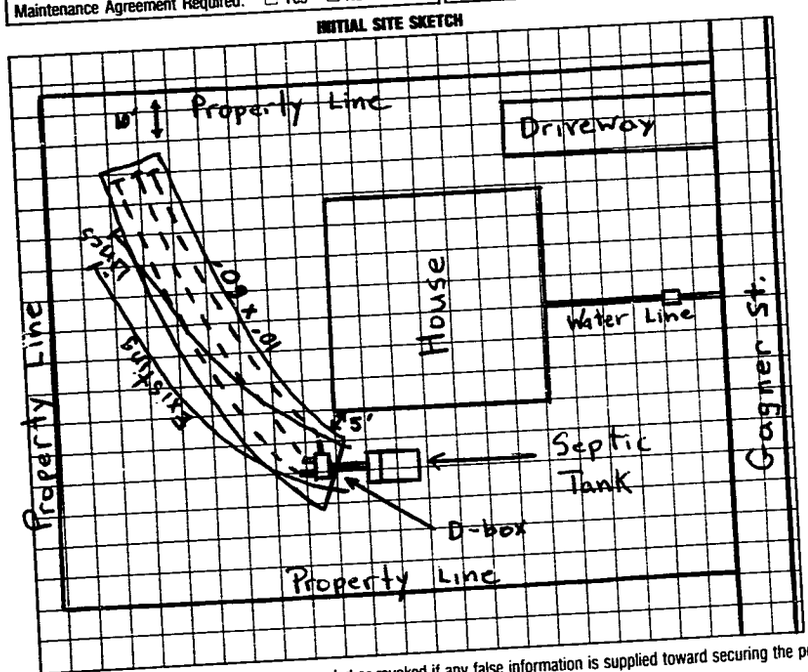
Auto. Washing Machine: ☑ Yes ☐ No

Other

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

Comments Install 10' x 60' Bed. Keep Bed on contour. Keep bed 5' from foundation of home, 10' from all property lines. Keep bed system as shallow as possible, no deeper than 36" to trench bottom.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL SKETCH Except did not use D-box, just used tee to separate lines.

Installed new sanitary tee in Septic Tank

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 William Wood

Improvement Permit by: Michael J. Dennis date 6-17-93

Existing System Inspection by: date

Installed by: A-1 Backhoe.

Certificate of Completion by: Michael J. Dennis date 7-1-93

Operation Permit by: date

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