IREDELL COUNTY HEALTH DEPARTMENT

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

46519

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

PROPERTY DESCRIPTION NO. 46519 DATE 12-6-93 TAX MAP NO. GE-A-61 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Ted Medlin PHONE: Business _____ Home 872-1618

ADDRESS 422 Lindsey St. Statesville, NC. 28677

LOCATION I40W TL Hwy 90 TR Buffalo Shoals Rd. skating Rink on R just before railroad tracks.

SUBDIVISION NA BLOCK / SECTION – LOT 61 LOT AREA _____ SITE CLASS. Existing DESIGN FLOW 100 L.T.A.R. Existing

Septic Tank: 1000 Gallons; STB 1012 Date 9-12-93

Pump Tank: 1000 Gallons; PT 99 Date 10-10-93

Pump Make: — Model _____ Serial No. —

Nitrification Field: No Lines _____ Square Feet Existing System (drainlines) Linear Feet _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Pump to existing drain field.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms 2

☑ Business structure No. Employees 4

☑ Other [redacted] used a business only

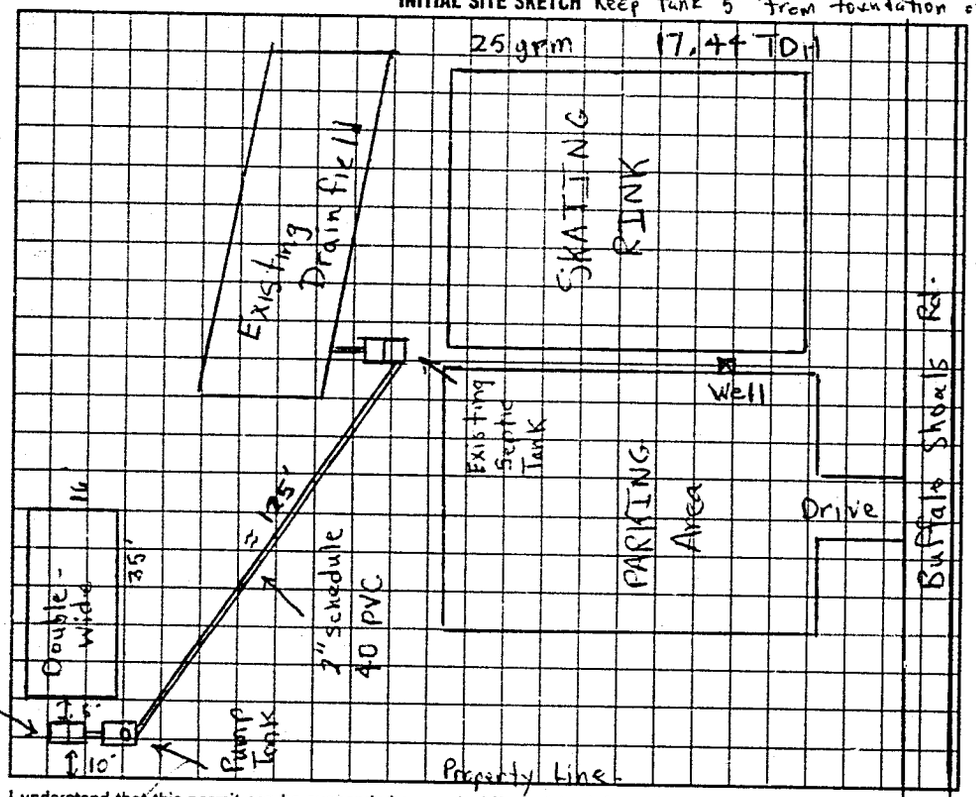
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

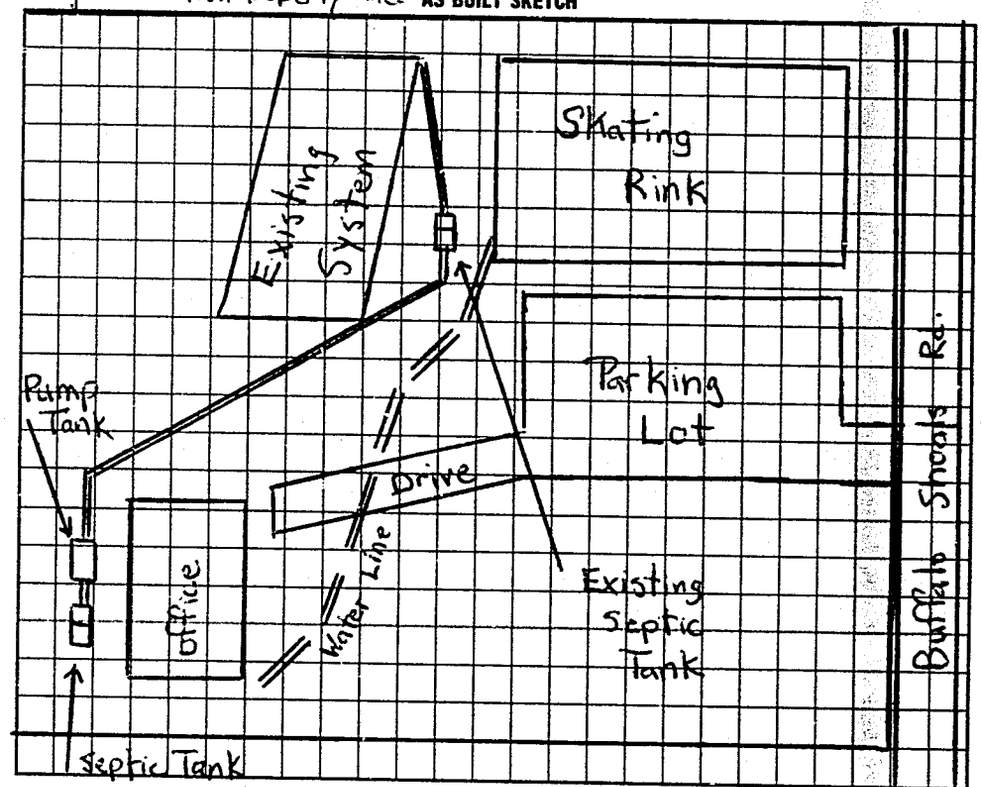
Comments: [redacted] structure used as business only. Set septic tank and pump tank and pump to existing septic tank. Use pump that will deliver 25 gpm at 15 TDH. Office use for [redacted] structure, took the place of office in skating Rink.

Comments: Pump tank and septic tank checked 2-17-94. also line from pump tank to existing tank checked 2-17-94. Pump checked 3-9-94. Water line moved in from tank and supply line 2-17-94.

INITIAL SITE SKETCH Keep tank 5' from foundation of building and 10' from property line.



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: _____

Improvement Permit by: Michael J. Dennis date 12-6-93

Existing System Inspection by: _____ date _____

Installed by: Esker Elder

Certificate of Completion by: Michael J. Dennis date 3-9-94

Operation Permit by: _____ date _____

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