IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# REPAIR PIN# REPAIR DATE 5-18-01

OWNER OR CONTRACTOR DON CLENDENIN PHONE: Business Home 704-876-4254

ADDRESS 145 KINGSWOOD DR, STATESVILLE, NC 28625

LOCATION 21 N, (L) SHINMAKER, (R) NIXON, (R) KINGSWOOD ON LEFT 3rd HOUSE

SUBDIVISION KINGSWOOD BLOCK / SECTION LOT 74 LOT AREA SITE CLASS DESIGN FLOW L.T.A.R.

Septic Tank: EXISTING Gallons: STB Date
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields Square Feet 900' Linear Feet 300'
No Lines 2 Trench Width 36" Max Trench Bottom Depth Gravel Depth

☐ New System ☒ Repair System Type: I. II. III. IV. V. VI
System Description: CONV GRAY
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☐ No

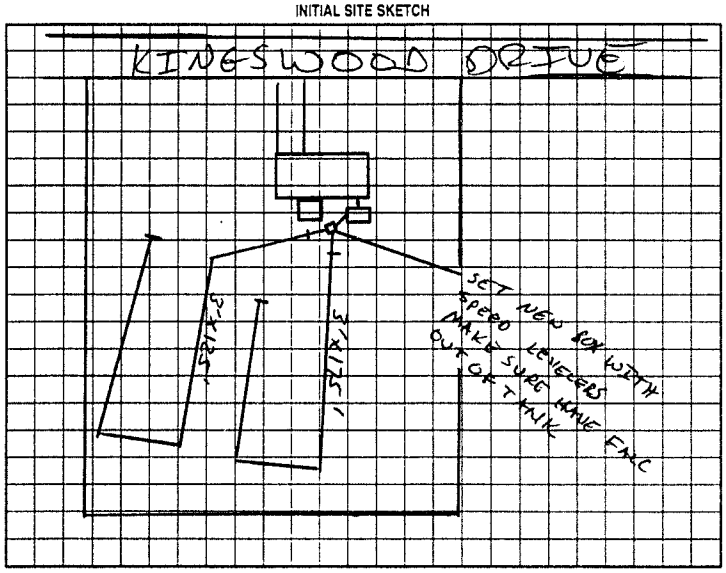
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Public
☐ Community

Comments/Conditions: (1) LOWER LINE SATURATED RELEASE HOLE IN BOX IS ALLOWING SEEPING

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED NEW DISTRIBUTION BOX WITH SPEED LEVELERS. FED UPPER LINE FIRST BUT SECOND LINE WILL GET SMACK AMOUNT OF EFFLUENT.

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 with plot valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Don Clendenin date

Installed by: LENTZ SEPTIC & PUMPING

Improvement Permit by: [signature] RS date 5-18-01

Operation Permit by: [signature] RS date 5-23-01

Authorization to Construct by: [signature] RS date 5-18-01

Existing System Inspection by: date

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