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 9/2/93 TAX MAP NO. REPAIR

OWNER OR CONTRACTOR KENT McDANIEL PHONE: Business 1-800-833-2165 Home 876-1844

ADDRESS RT.5, BOX 111-D STVL, NC 28677

LOCATION US 21 N, TL JENNINGS RD, TL FRIENDSHIP RD, 2ND (H) ON (L) BEFORE CREEK

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA AMPLE SITE CLASS. PS L.T.A.R. EXISTING

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet 375 Linear Feet 125

No Lines 1 Trench Width 36" Trench Depth 36" Gravel Depth 16"

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

System Description: CONV. GRAVITY

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms ____ Garbage Disposal: ☐ Yes ☐ No

☐ Mobile Home No. Bathrooms ____ Auto. Dishwasher: ☐ Yes ☐ No

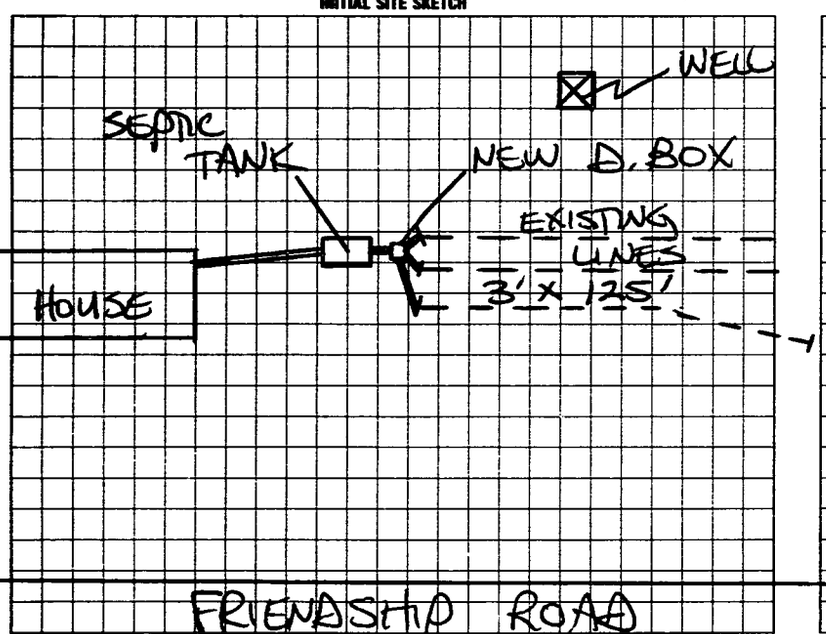
☐ Business No. Employees ____ Auto. Washing Machine: ☐ Yes ☐ No

☐ Other ____ Other ____

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

Comments (1) CHECK TANK FOR INGRITY & REPLACE SANITARY TEE IF NECESSARY (2) INSTALL NEW D-BOX, IF NECESSARY AT LOCATION SHOWN (3) INSTALL NEW 3' X 125' LINE ON CONTOUR, AS SHALLOW AS POSSIBLE, 9' FROM EXISTING LINES

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: [signature]

Improvement Permit by: STEVE HEARICK date 9/2/93

Existing System Inspection by: ____ date ____

Installed by: DAVID YOUNTS

Certificate of Completion by: STEVE HEARICK 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