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. 21077 DATE 5/15/95 TAX MAP NO. 46 3A 8 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Kimberly D Daniels ~~PHONE: Business~~ 4950-69-4589 Home 663-0605

ADDRESS Rt 7 Box 714 Mooresville, NC. 28115

LOCATION Kendallwood, Onreach TR on Kendall TR Woodtrim Ln. to last lot on Lt

SUBDIVISION Kendallwood BLOCK / SECTION _____ LOT 8 LOT AREA ~30,000FT2 SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 821 Date 5/1/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@5 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: Conv - Dist Box

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

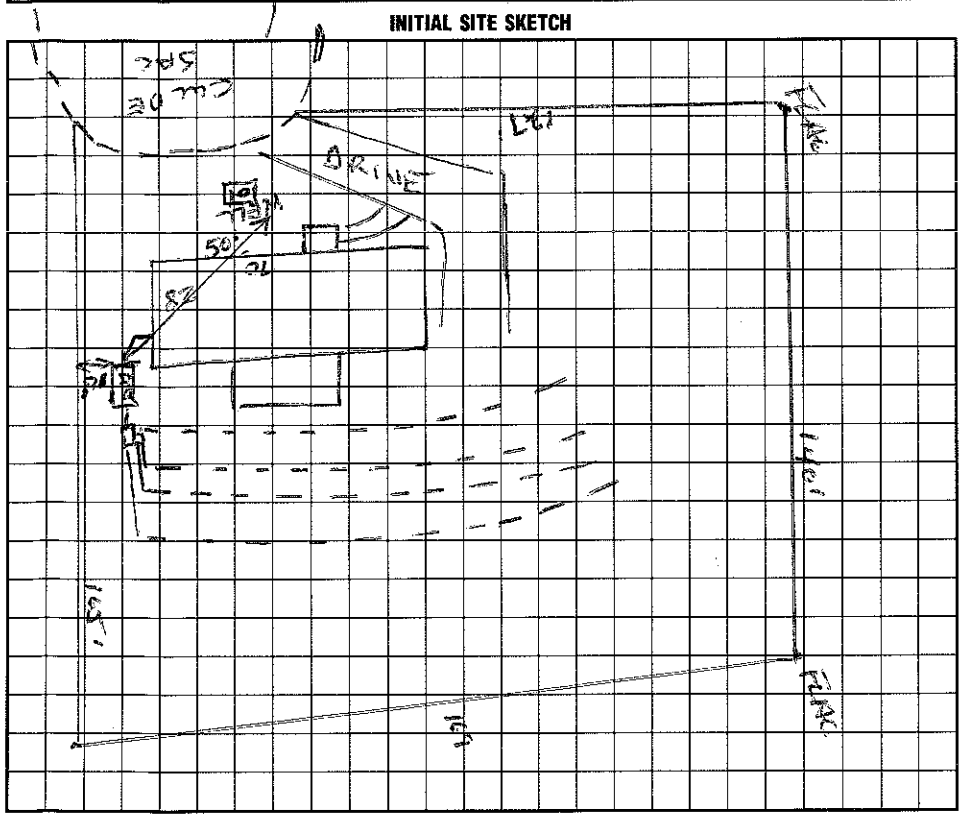
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Follows contours closely - tight for space - WH Location flagged/should not be moved. May use 5. 80' lines if necessary.

Comments: 6/5/95 Flagged 3@133'x3' AWS

INITIAL SITE SKETCH



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: X Kimberly D Daniels

Improvement Permit by: Wesley Sparks R.S. date 5/15/95

Existing System Inspection by: _____ date _____

Installed by: B & M Enterprises / Vale, NC. 704-276-1422

Certificate of Completion by: Wesley Sparks R.S. date 6/8/95

Operation Permit by: _____ date _____

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