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. 18974 DATE 8/25/94 TAX MAP NO. 4G-3-10

OWNER OR CONTRACTOR DANIEL A TOMPKINS

ADDRESS 2266 CHARLOTTE HWY. MOORESVILLE, NC 28115 ~~PHONE: Business~~ 4750-69-7546 Home 664-6660 Watershed: ☐ Yes ☒ No

LOCATION OVERCASH RD OFF OS. AMITY TR ON KENDALL RD. TR WOODTREE LOT ON Ⓡ AT CULDESAC

SUBDIVISION KENDALWOOD BLOCK / SECTION ______ LOT 10 LOT AREA .55 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3-.35

Septic Tank: 1000 Gallons; STB 1012 Date 11/9/94
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet * 200
No Lines 4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth 6" SAND

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 16" PPBS - GRAVITY
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

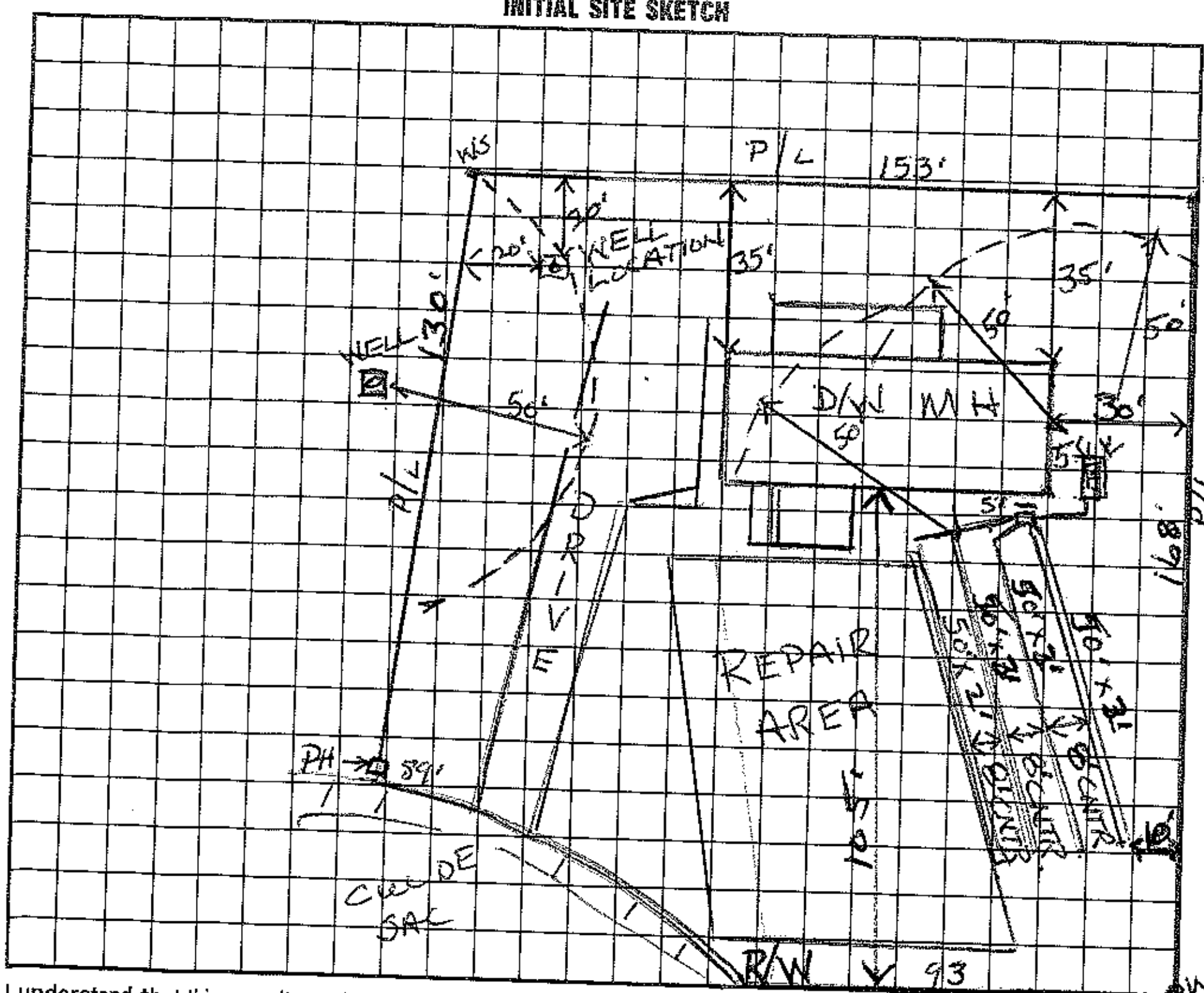
☐ House/Mod. Home ☒ Mobile Home D/W ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: * 16" PPBS DRAINFIELD - 30" MAX TRENCH BOTTOM
TRAILER LOCATION CRITICAL VERY LITTLE VARIATION POSSIBLE

Comments: Installed as drawn on Imp. Permit

INITIAL SITE SKETCH



WOODTREE LN.

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: Daniel A. Tompkins

Improvement Permit by: Wesley Sparks RS. date 8/24/94

Existing System Inspection by: ______ date ______

Installed by: Tony Faye

Certificate of Completion by: Wesley Sparks RS. date 2/27/95

Operation Permit by: ______ date ______

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