IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12916C PIN# ~~4760 51 2523~~ 4760 51 1659 DATE July 8, 2005

OWNER OR CONTRACTOR Wilson B. Kennedy PHONE: Business _____ Home _____

ADDRESS 252 Barberry Dr. Statesville

LOCATION 901 Shinnville Road – Shinnville Road past pvt. rd. Weathers Creek and Winston Cir Rds. ~ ½ mile behind white brick house ~ 240'

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10 Acres SITE CLASS. PB DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 12/20/03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines ~3 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: County 25% Red "Accepted"

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

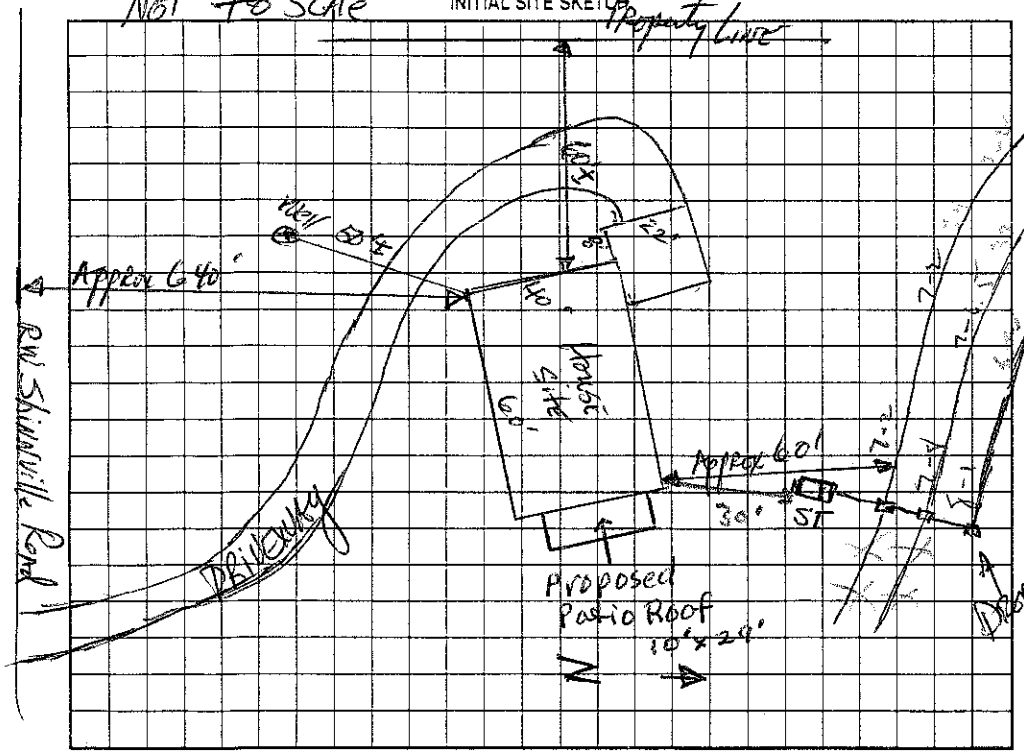
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions: 2/25/06 – Maycor 3@133'x3 – AWS.

Not to scale

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing Patio Roof addition does not appear to impact the existing septic system.

**NOTE: _____

Cindy Melville R.S.

Date: 11-27-12

ICHD-Environmental Health Division

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 plat 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 Wilson B Kennedy date 7-9-05 Installed by: Long Brothers & Son.

Improvement Permit by: _____ date 7-8-05 Operation Permit by: Wesley Spencer R.S. date 2/28/06

Authorization to Construct by: _____ date 7-8-05 Existing System Inspection by: _____ date _____

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