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. 16033 DATE 7-2-93 TAX MAP NO. 5H-A-31

OWNER OR CONTRACTOR William K. Cline PHONE: Business Home

ADDRESS Rt 12 Box 279 Statesville

LOCATION NO E on Rt at Rowan co line approx 600' off Road

SUBDIVISION BLOCK / SECTION LOT LOT AREA ~4.0 acres SITE CLASS. PS L.T.A.R. .3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 358 Date 5/16/93

Pump Tank: Gallons; PT Date

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

No Lines 4 Trench Width 36 Trench Depth 24 Gravel Depth 12

☐ 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 ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees

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

Garbage Disposal: ☐ Yes ☑ No

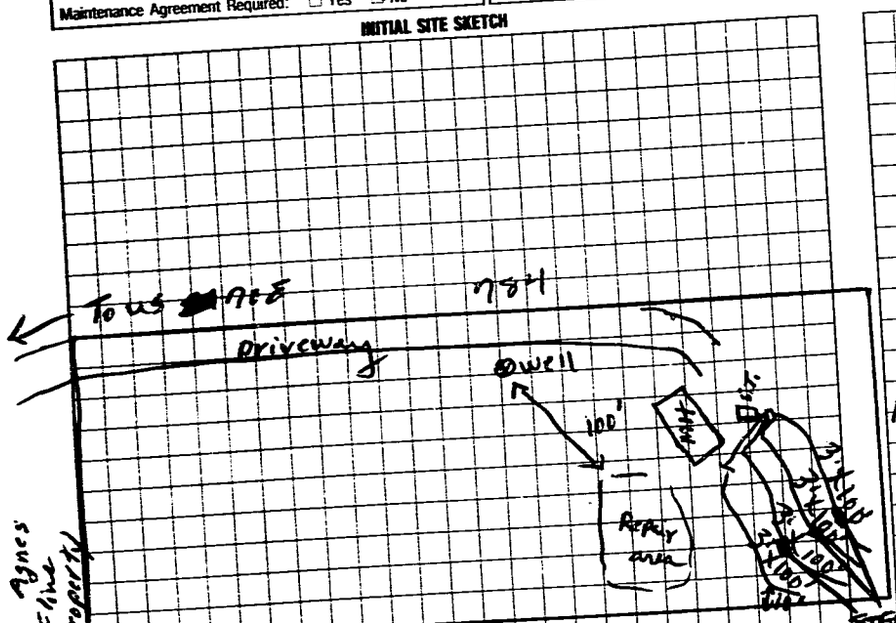
Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

Other

Comments

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

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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 William K Cline

Improvement Permit by: C. Moore date 7-2-93

Existing System Inspection by: date

Installed by: A-1 BACKHOE

Certificate of Completion by: STEVE HEDRICK date 8/10/93

Operation Permit by: date

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