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. 18788 DATE 7/29/94 TAX MAP NO. 13L-A-67 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR CLARENCE C. DEPEW PHONE: Business (615) 378-3264 Home

ADDRESS 1820 HERMITAGE DR KINGSPORT TN 37664

LOCATION US 21 N TL JENNINGS RD, TL ROLLING HILLS MHP LOT # 22 ON BACK

SUBDIVISION ROLLING HILLS MHP BLOCK / SECTION LOT 22 LOT AREA UNITED SITE CLASS PS DESIGN FLOW 290 L.T.A.R. 0.35 GPD/FT2

Septic Tank: EXISTING Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet 300

No Lines 3 Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: CONV. GRAVITY

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☒ Business No. Employees 2

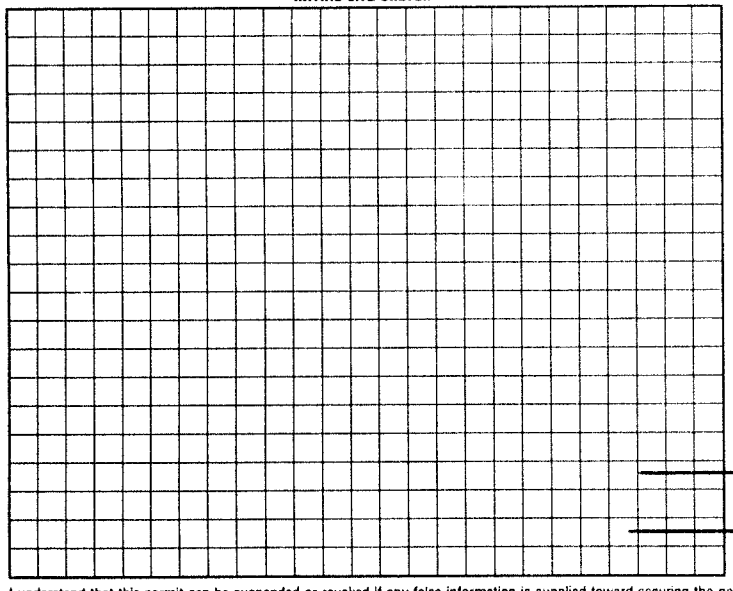
☐ Other TEMP. OFFICE SPACE

Water Supply:
☐ Individual
☒ Community
☐ Public
WELL

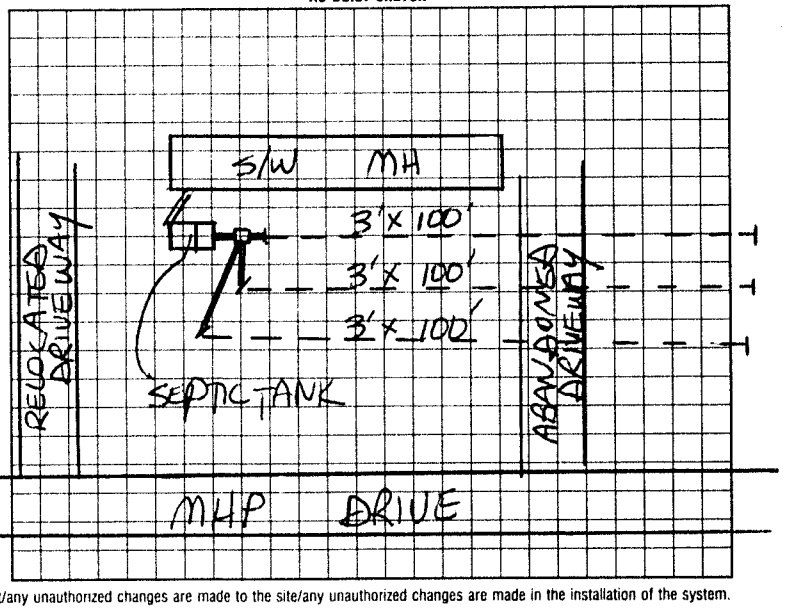
Comments:

Comments:
(1) KEEP MH MINIMUM 5' FROM SYSTEM
(2) NITRIFICATION TRENCHES SHALL NOT BE SUBJECT TO VEHICULAR TRAFFIC

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:

Improvement Permit by: date

Existing System Inspection by: STEVE HEDRICK date 7/29/94

Installed by:

Certificate of Completion by: date

Operation Permit by: date

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