45039

# 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. 13751 DATE 8-25-93 TAX MAP NO. 8Q-A-35

OWNER OR CONTRACTOR Conrad Bumgarner PHONE: Business _____ Home _____

ADDRESS _____

LOCATION I-40W TR Sharon school Rd. past sharon Supermarket, TL Gun Club Rd. Lot on R at end.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P.S. L.T.A.R. .4 gpd/ft2

Water Supply: ☑ Individual ☐ Community ☐ Public Well To be located.

Septic Tank: 1000 Gallons; STB 1012 Date 7-2-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200'

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

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

System Description: Conventional, gravity.

Repair System Description: pump to conventional

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees —

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

Garbage Disposal: ☐ Yes ☑ No

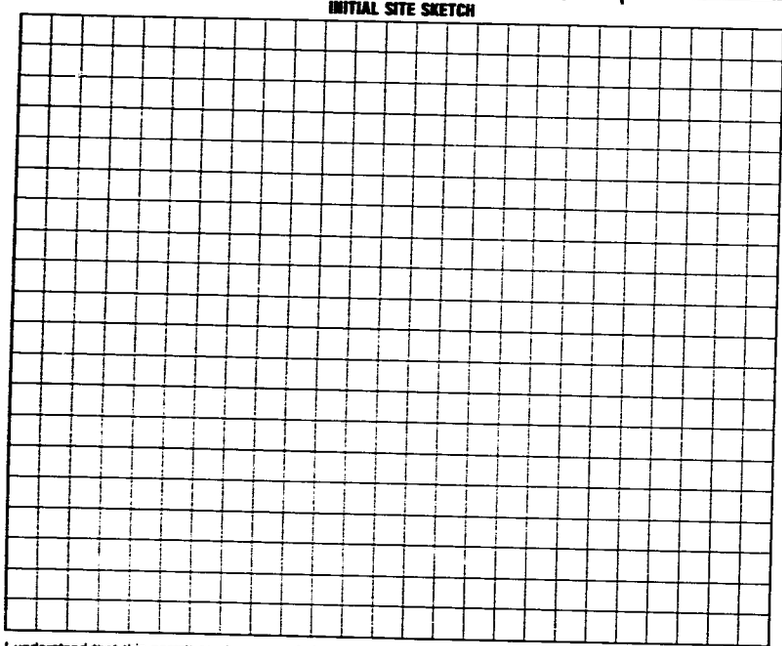
Auto. Dishwasher: ☐ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

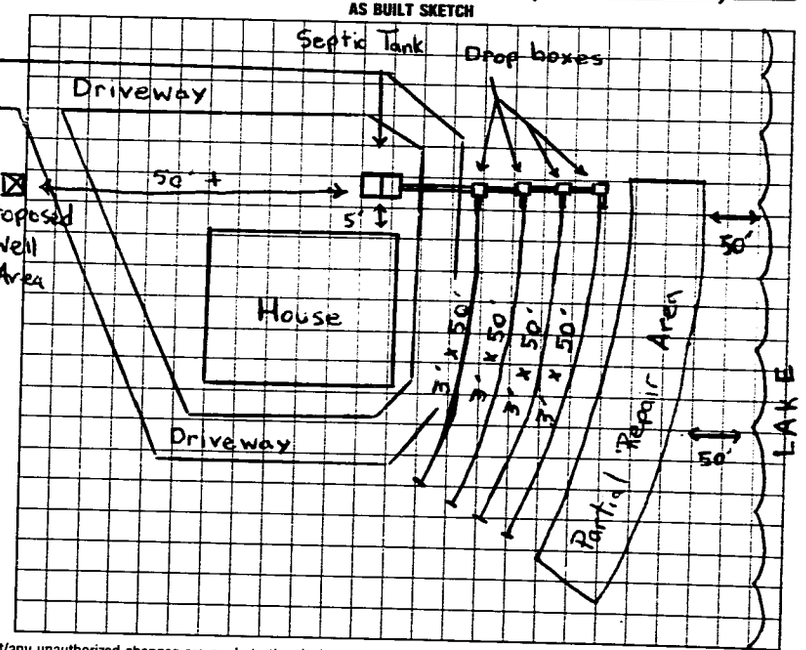
Other _____

Comments System installed deep, Permit issued (10-13-92) placed in area where fill material had been added (approx 2' of cover filled over area). Installed drop boxes instead of a distribution box. Partial Repair below system, remainder of repair Area pump above home to conventional (this from information on permit (10-13-92).

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: Steve Brown date 10-13-92

Existing System Inspection by: _____ date _____

Installed by: Tommy Cotheren

Certificate of Completion by: Michael L. Dennis date 8-25-93

Operation Permit by: _____ date _____

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