# 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. 20817 DATE 4-10-95 TAX MAP NO. Pt. of 8P-A-3 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Sunwood Bldrs PHONE: Business Home 872-0921

ADDRESS P.O. Box 5877 Statesville, N.C. 28687

LOCATION I40W TR Shavers School Rd. Lot on L past New Sterling Church Rd.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 1.5 acre SITE CLASS P.S. DESIGN FLOW 480 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 4-18-95.
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533'
No Lines 6 Trench Width 36" Max Trench Bottom Depth 24"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conventional, gravity fed.
Repair System Description: Infiltrator, gravity fed
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12"

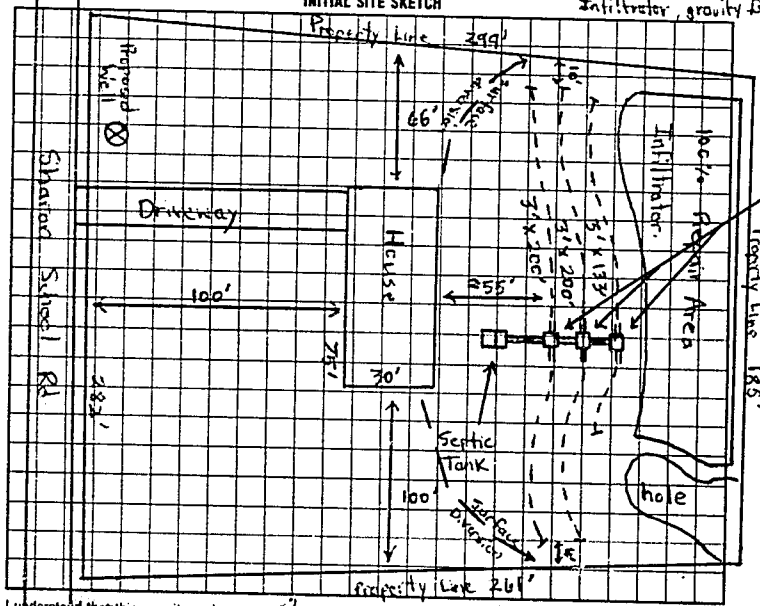
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees —
☐ Other —
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

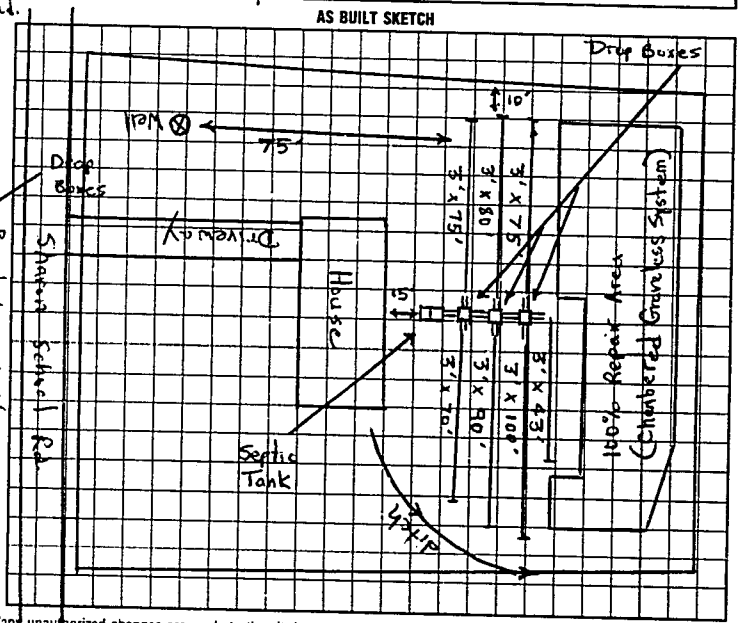
Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines and trenches on contour. Keep system 10' from all property line, 5' from foundation of home, and 100' from any well. Create surface diversions around septic system. 100% Repair below system

Comments: Basement cut not as far behind house as was initially planed, system moved up hill closer to house. System is 75' from well. Recommend that gutter drains be piped off around septic system.

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: [signature]

Improvement Permit by: Michael J. Dennis date 4-10-95

Existing System Inspection by: — date —

Installed by: Tommy Frye

Certificate of Completion by: Michael J. Dennis date 8-21-95

Operation Permit by: — date —

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

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