54944

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. 20324 DATE 2-21-95 TAX MAP NO. 8H-A-47 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Todd Fulbright PHONE: Business _____ Home 872-8709

ADDRESS 132 Wedgeway statesville N.C. 28677

LOCATION I40W Tl old Mtn. Rd TR Hwy 70 Home on L on hill just past Buffalo creek bridge.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 33 acres SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .3sod/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 12-9-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 510 Linear Feet 270'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: conventional, gravity fed

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other

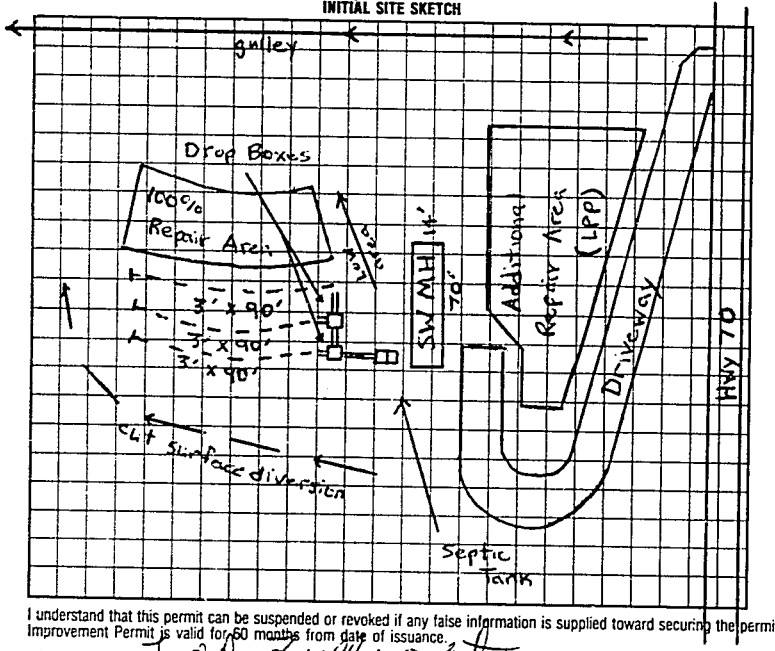
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom on upper side of treach.) Keep lines and trenches on contour. Keep systim min. 5' from foundatuin of home, out of low areas and 10' min. from water line. Create surface diversion above system to route water around system

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: Todd Fulbright

Improvement Permit by: Michael J. Lemm date 2-21-95

Existing System Inspection by _____ date _____

Installed by: Forest Shaford

Certificate of Completion by: L. C. moore date 3-24-95

Operation Permit by _____ date _____

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