# IREDELL COUNTY HEALTH DEPARTMENT

(Dennis Cash) owner

48796

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17068 DATE 9-22-93 TAX MAP NO. 8N-Z-A-14

OWNER OR (CONTRACTOR) Felix Webster Bldrs. PHONE: Business _____ Home 585-2705

ADDRESS P.O. Box 141 Stoney Point, NC 28678

LOCATION I-40W TL Old Mtn. Rd. TR Beulah Rd. Stay straight Mock Mill Rd. TR Stewart Dr. Last lot on R. at end.

SUBDIVISION Stewart Acres BLOCK / SECTION _____ LOT 14 LOT AREA 1.187 acres SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

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

Septic Tank: 1000 Gallons; STB 1012 Date 8/18/93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3 Trench Width 36" Trench Depth 18"-36" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

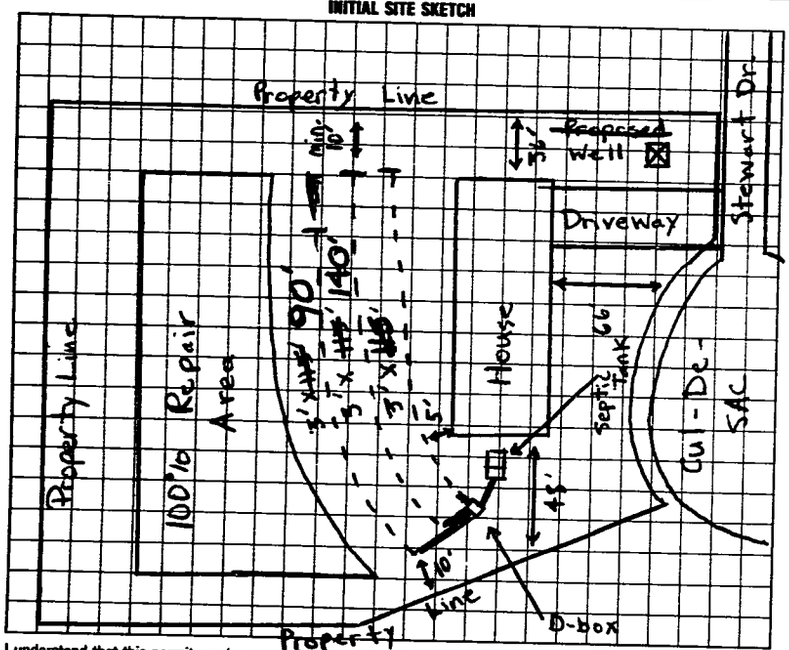
☐ Business No. Employees — Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

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

Comments Keep Nitrification Lines on contour. Keep system 5' from foundation of home, 10' from all property lines and keep well min. 50' from any septic system. 100% Repair Area below system, conventional, gravity fed.

INITIAL SITE SKETCH




AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Felix Webster

Improvement Permit by: Michael L. Dennis date 9-22-93

Existing System Inspection by: _____ date _____

Installed by: HARRY REED

Certificate of Completion by: STEVE HENDRICK date 10/21/93

Operation Permit by: _____ date _____

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