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. 200608 DATE 1/19/95 TAX MAP NO. 85-A-55 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR JOYCE ELDER PHONE: Business _____ Home 872-6124

ADDRESS 231 PIPE FARM ROAD, STONY POINT NC 28678

LOCATION NC 90 W, TR ISLAND FORD ROAD, TR PIPE FARM ROAD, BEHIND 45 HOUSE ON LEFT.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11/9/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 1200 Serial No. 400

Nitrification Field: No Fields 1 Square Feet [redacted] Linear Feet [redacted]

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

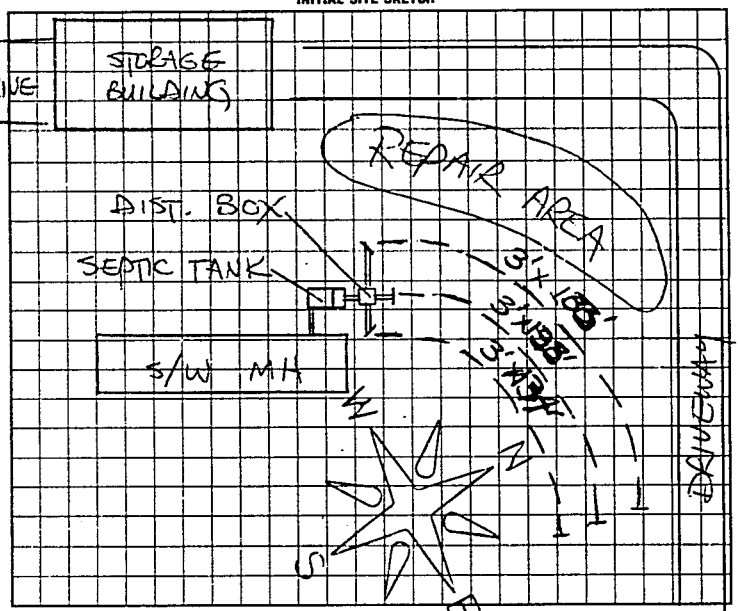
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: ① KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 100' FROM WELL ② INSTALL LINES AS SHOWN ON CONTOUR NO DEEPER THAN 36", 9' APART MINIMUM ON CENTER

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH DURING PERIOD OF HEAVY RAIN WHICH MAY AFFECT SYSTEM LIFESPAN

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: X Matthew D. Sulver

Improvement Permit by: STEVE HEDRICK date 1/19/95

Existing System Inspection by: _____ date _____

Installed by: DONALD LACKEY

Certificate of Completion by: STEVE HEDRICK date 2/28/95

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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