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. 19515 DATE Oct. 10, 194 TAX MAP NO. part of 2CA3 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Saussy Buchhawk PHONE: Business ~~Home~~ 4625-59-5095 LN

ADDRESS PO Box 1764 Davidson

LOCATION 1100 TR 1st Street past Chuckwood 2nd St. on left Sandpiper

SUBDIVISION The Harbour BLOCK / SECTION 2nd 1 LOT 56 LOT AREA 2100'x230' SITE CLASS. PS pr. 1.56 DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 2 Square Feet 1620 Linear Feet 540

No Lines 3+3 Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: gravity conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth 12"

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

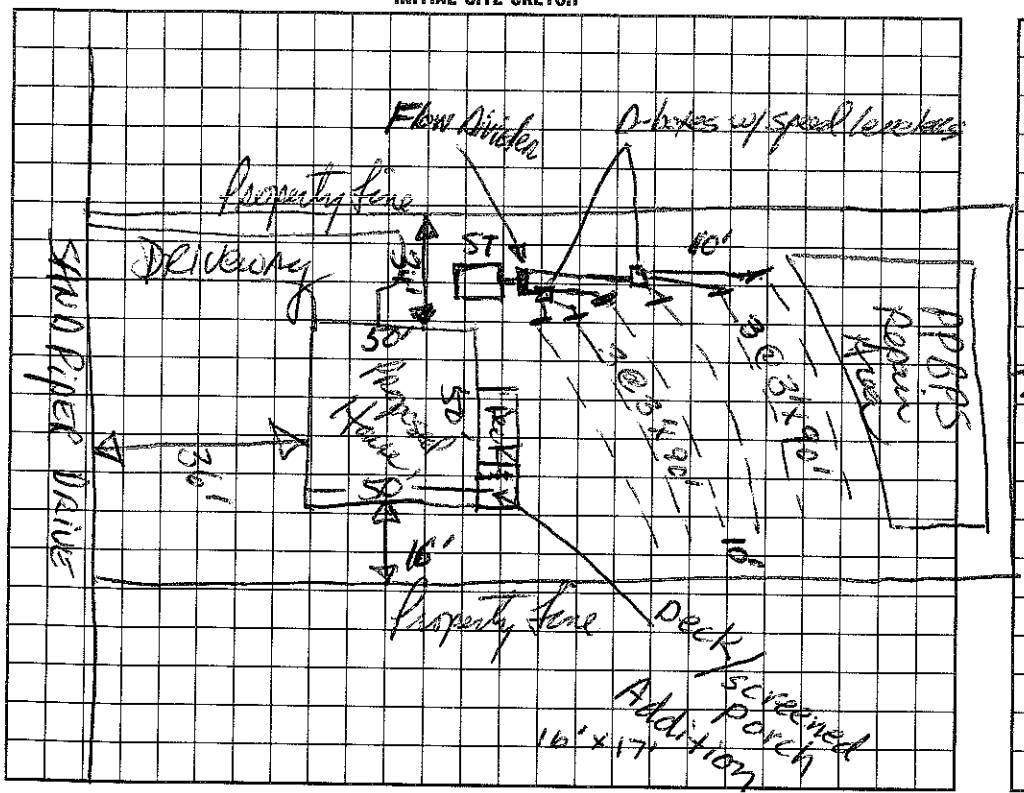
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ ~~Community~~
☐ Public

Comments: Follow contours w/ laterals. Exit plumbing at existing grade. Keep laterals shallow.

Comments: Unable to get footage / length of lines shown - Each lateral approx 7' apart - about 40' total on system. OK Laterals deeper than specified - no problem noted w/ soil

INITIAL SITE SKETCH



AS BUILT SKETCH

The location of the proposed Sun Porch addition does not appear to impact the existing septic system.

**NOTE: ____

Audrey Mehille REHS

Date: 3-21-11

ICHD-Environmental Health Division

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: [signature] date 10/10/94

Existing System Inspection by: ____ date ____

Installed by: Barry Thompson

Certificate of Completion by: [signature] date 1-27-95

Operation Permit by: ____ date ____

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