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. 20381 DATE 9/18/95 TAX MAP NO. 2CA pt 3R Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Sunsay Burleigh PHONE: Business 892-0660 ~~Home~~ 462-4049/96

ADDRESS Po Box 176 Davidson, NC. 28036

LOCATION L corner of Beach Fern Ct. and Bay Harbour

SUBDIVISION The Harbour BLOCK / SECTION Phase 4 LOT 66 LOT AREA 29,210 SITE CLASS. PS DESIGN FLOW ~~350~~ 480 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 794 Date 10/20/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1371 Linear Feet 342 *

No Lines 5 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI

System Description: GRAV INFILTRATOR

Repair System Description: INFILTRATOR

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 2.5

[ ] Business No. Employees _____

[ ] Other Drainage Disposal

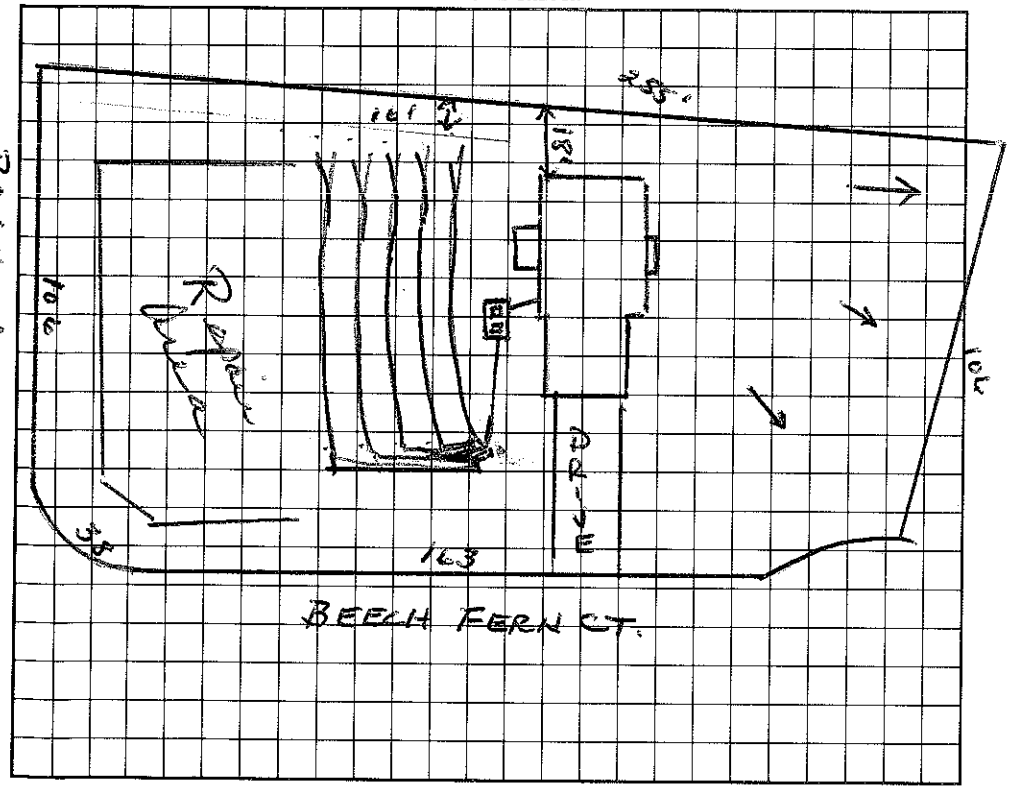
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Community [ ] Public

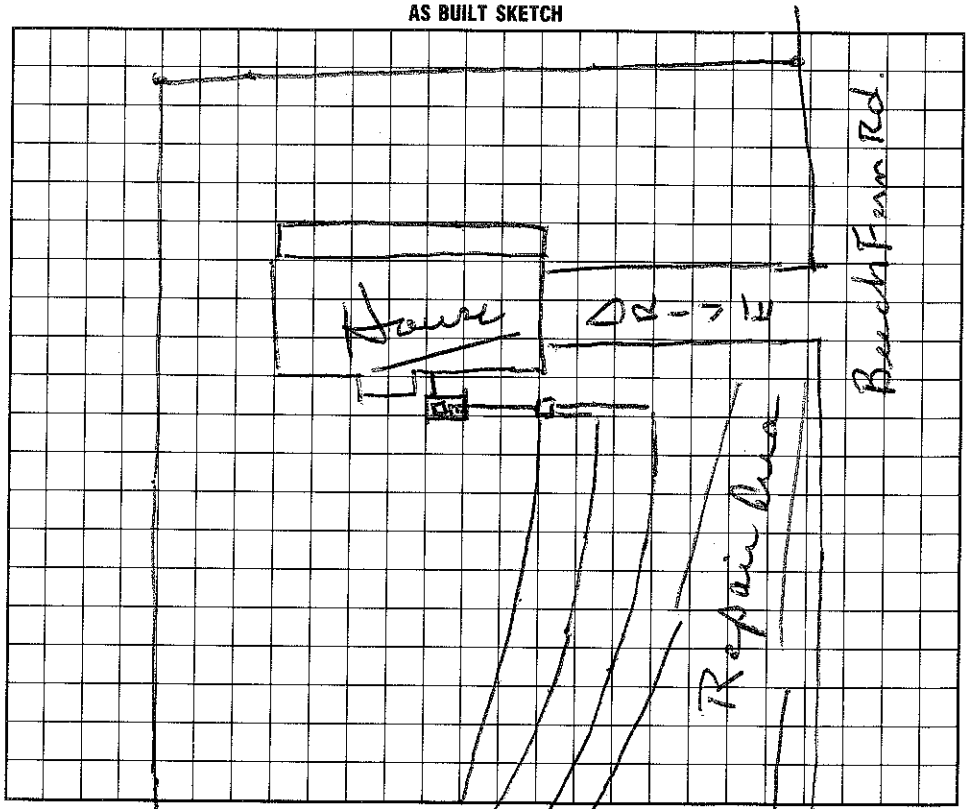
Comments: * INFILTRATOR
On Contour

Comments:

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.

Signed: _____

Improvement Permit by: Wesley Sparks RS. date 9/18/95

Existing System Inspection by: _____ date _____

Installed by: Barry Thompson

Certificate of Completion by: BAY HARBOR RD. date _____

Operation Permit by: Wesley Sparks RS. date 9/12/96

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