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. 19846 DATE 12/12/94 TAX MAP NO. 2F 6A 63 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Vincent Salvato PHONE: Business 4626-41-2837 Home 483-3838

ADDRESS 3130 N Hwy 16 Denver, NC.

LOCATION Chuckwood Rd. TR on Riviera on (R) next Rest 1st road to (L)

SUBDIVISION Holiday Harbor BLOCK / SECTION ____ LOT 63 LOT AREA 2/22000 FT2 SITE CLASS P DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 10/11/94

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 342

No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

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

System Description: CONV - DIST BOX - SPEEDLEVEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

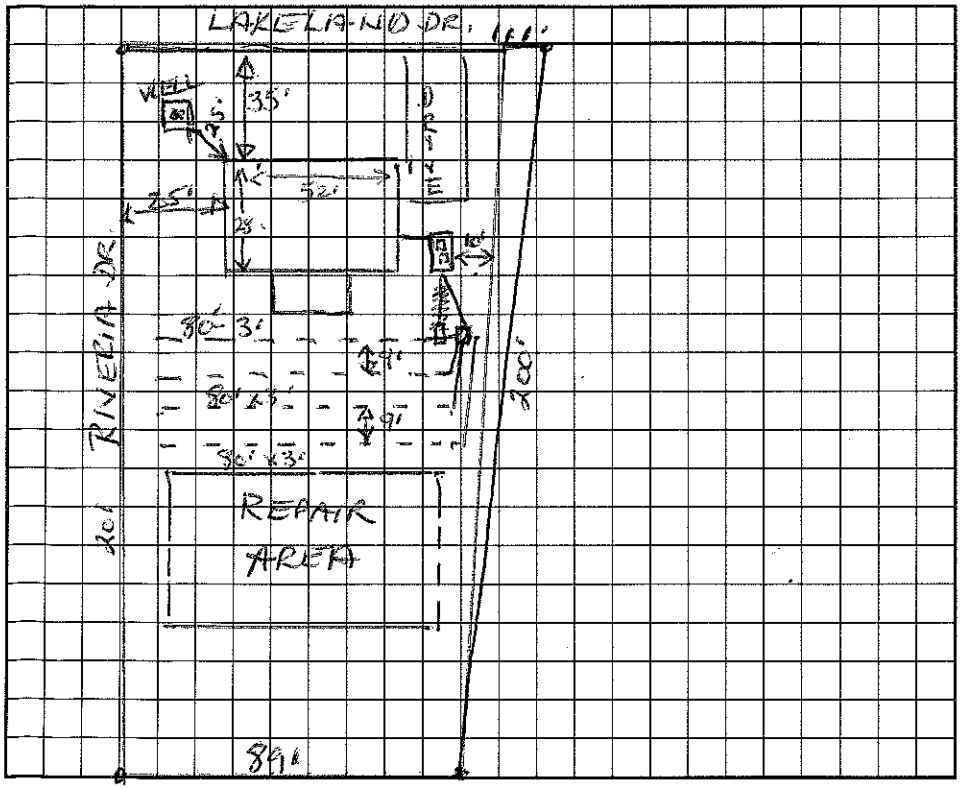
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Installed as drawn

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: A.C. Wood Jr

Improvement Permit by: Wesley Sparks RS. date 12/12/94

Existing System Inspection by: ____ date ____

Installed by: AAA Enterprise

Certificate of Completion by: Wesley Sparks RS date 12/28/94

Operation Permit by: ____ date ____

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