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. 20680 DATE MARCH 28, '95 TAX MAP NO. part of 2CA3 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Saussy Burbank PHONE: Business ~~Home~~ 462-6-50-1289

ADDRESS PO Box 176, Davidson NC

LOCATION Brawley School Road TR Bay Harbour Rd. 2nd lot on left past Peregrin Ct.

SUBDIVISION The Harbour BLOCK / SECTION 1 LOT 64 LOT AREA 31,542 SITE CLASS. B pre 1996 DESIGN FLOW 480 gpd L.T.A.R. a3

Septic Tank: 1000 Gallons; STB 794 Date 10/23/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: gravity INFILTRATOR

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other _____

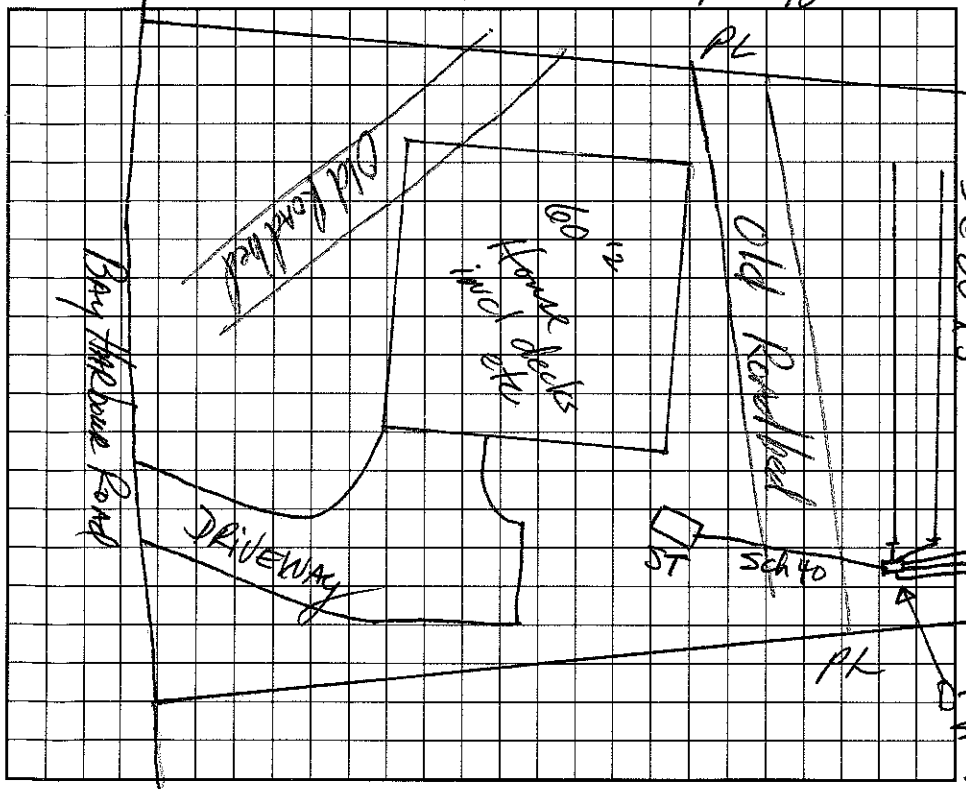
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

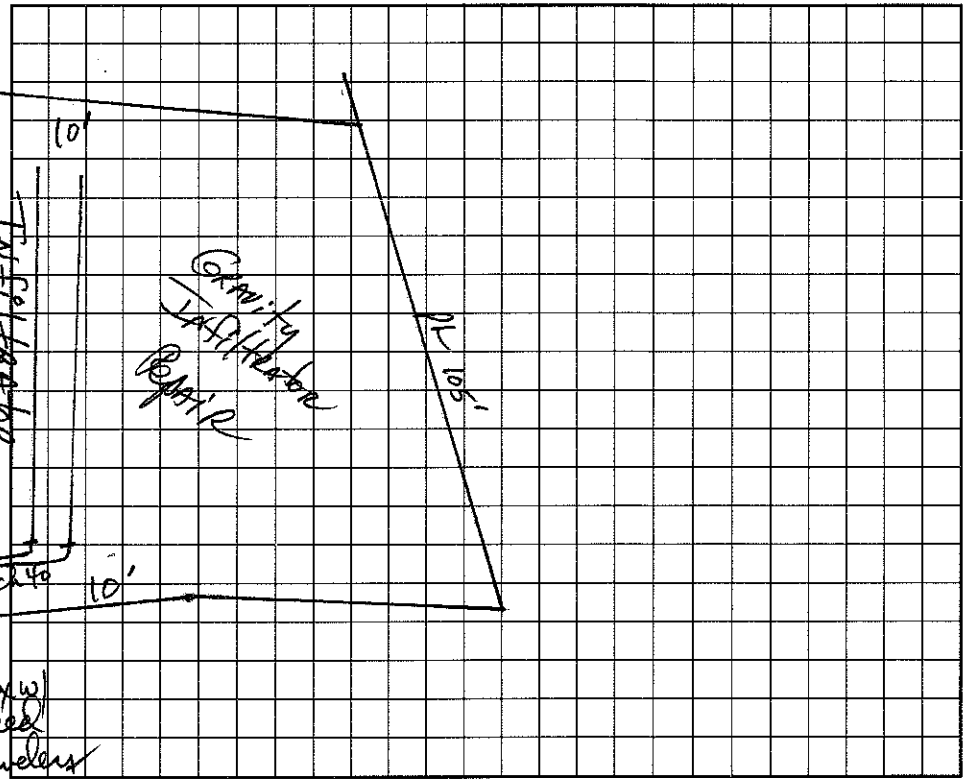
Comments:

Comments:

INITIAL SITE SKETCH 1"=40'



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: _____

Improvement Permit by: _____ date 3/28/95

Existing System Inspection by: _____ date _____

Installed by: Barry Thompson

Certificate of Completion by: _____ date 2/12/96

Operation Permit by: _____ date 2/12/96

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