IREDELL COUNTY HEALTH DEPARTMENT

Application to Construct

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18988 DATE 1/19/96 TAX MAP NO. pt of 2C A3 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Sawsey Burbank PHONE: Business ~~Home~~ 4626-50-1706

ADDRESS P.O Box 176 Davidson NC. 28036

LOCATION Brawley Sch Rd. TR Bay Harbour TL on Pine Cliff Ln. to lot on (L) after corner lot.

SUBDIVISION Harbour BLOCK / SECTION 1A LOT 79 LOT AREA .84Ac ± SITE CLASS PS DESIGN FLOW 450 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 4/12/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400 *

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 6" SAND

X New System ☐ Repair System Type: I. II. (III) IV. V. VI

System Description: GRAV - INFILTRATOR

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

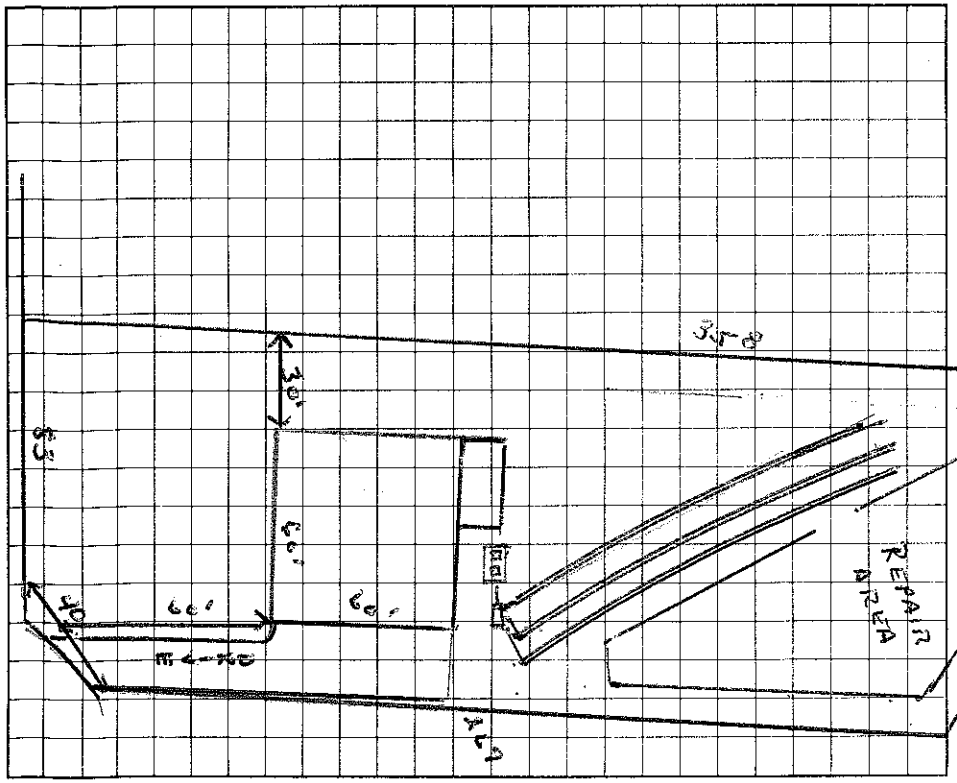
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
X Community
☐ Public

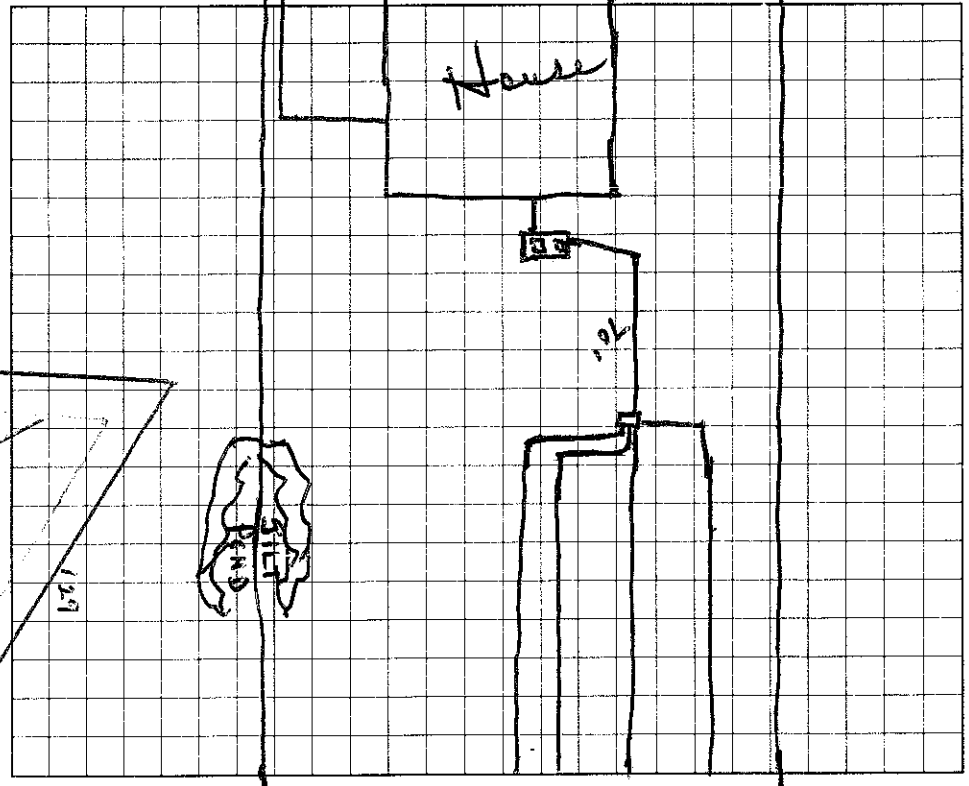
Comments: 400 FT GRAVITY INFILTRATOR

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: _____ Installed by: Barry Thompson

Improvement Permit by: Wesley Sparks RS. date 1/19/96

An Existing System Inspection by: Wesley Sparks RS. date 1/19/96

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 6/26/96

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