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. 15997 DATE Nov. 30, '93 TAX MAP NO. 2F10A3 4626 85 0466 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Kendall Buck PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 1100, TR 1115 TR Carrie Lane TR Edgebrook Dr. on Rt in Cul-D-Sac

SUBDIVISION Stoneridge Shores BLOCK / SECTION 4 LOT 3 LOT AREA 100'X236' SITE CLASS 5 pr/1996 DESIGN FLOW 360 gpd L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 762 ACP Date 10-15-93

Pump Tank: 1000 Gallons; PT 103 ACP Date 9-8-93

Pump Make: Liberty Model LE50 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

No Lines 5 Trench Width 36" Max Trench Bottom Depth 48" Gravel Depth 12"

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

System Description: pumped sequential

Repair System Description: LPP PRBRS

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

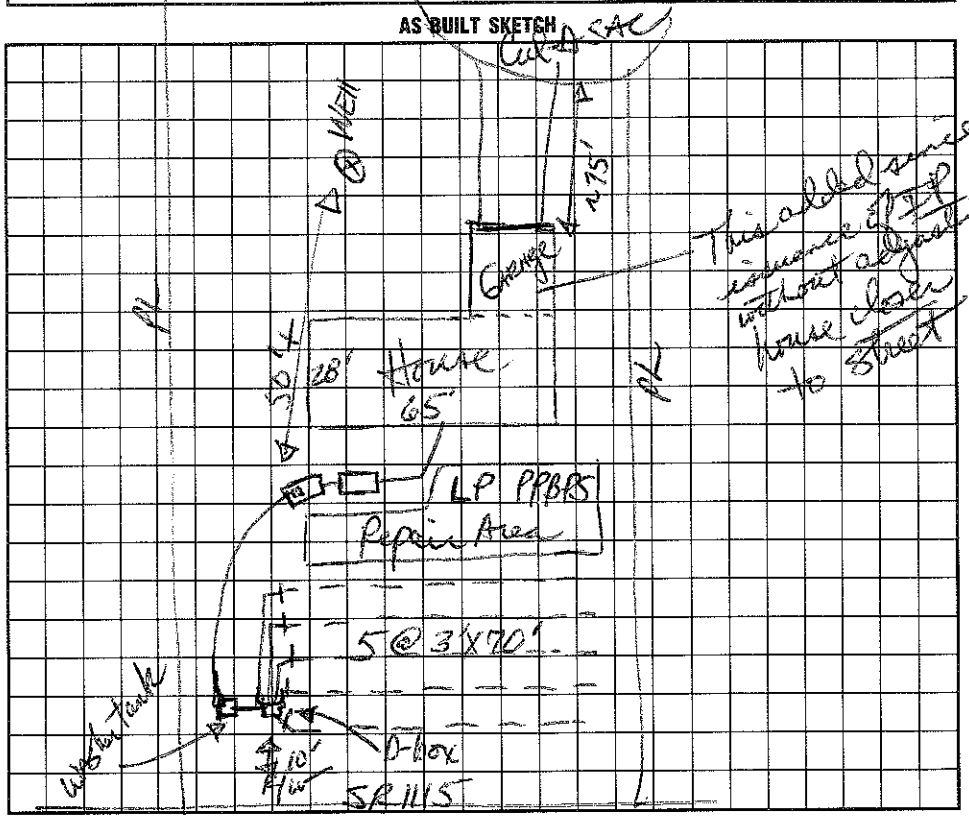
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Notification lines got on contour but (final) straight across lot in an effort to maximize repair area. This resulted in a deeper trench bottom depth (≈48"). No problem noted with soil.

Comments: Garage added to house and was not considered on original plan without moving plumbing closer to street resulting in Edgebrook Dr. only enough repair area for PRBPS

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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Ray Beam

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 11/30/93

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