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. L7706 DATE Jan. 18, '94 TAX MAP NO. 2F11A 12 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Eugene Wickers PHONE: Business _____ Home 896-7494 L.N. 4626-86-7151

ADDRESS 2 Villa Lane, Davidson, N.C.

LOCATION 1100 TR Poplar Grove Rd. Bear Left 2nd lot on Rt.

SUBDIVISION Poplar Grove BLOCK / SECTION _____ LOT 12 LOT AREA ~125'X224' SITE CLASS. RS DESIGN FLOW 480 gpd. L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/4/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534

No Lines ~~5~~ 7 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravity conv. OR PABTS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

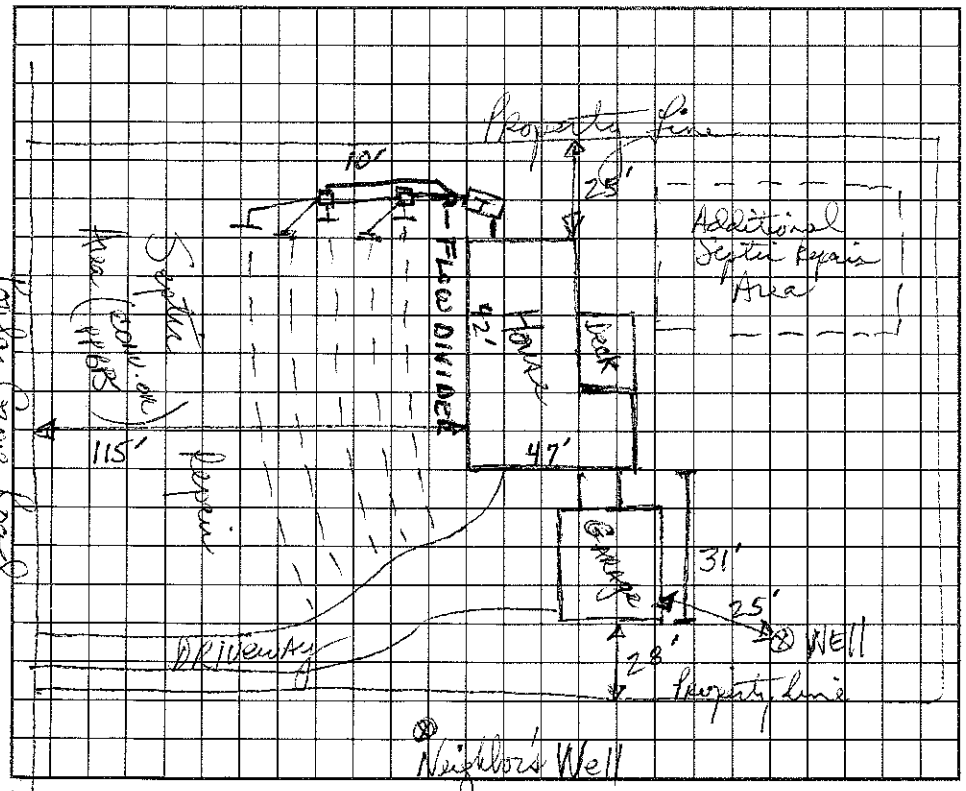
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Drop Boxes may be used or a flow divider can be set and create 2 subfields of 267' each if a 6th line is needed.

Comments: 7 lines at 75' x 3'

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: X Eugene Wickers Jr. Jan 18, 94

Improvement Permit by: Jerry L. Hinson, RS date Jan. 18, '94

Existing System Inspection by: _____ date _____

Installed by: Larry Beam

Certificate of Completion by: Wesley Sparks RS. date 5/9/94

Operation Permit by: _____ date _____

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