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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. 13873 DATE Dec 17, '93 TAX MAP NO. 2L3A 338 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Louis Shaffner PHONE: Business _____ Home 910-725-1503 L.M.

ADDRESS 740 N. Pine Valley Rd, Winston Salem 27106

LOCATION 1100 TR 1115 TR 1st 1455 E ~½ mile on Rt. – point lot (turn beside C. Williams mailbox)

SUBDIVISION Crescent LN BLOCK / SECTION B LOT 338 LOT AREA 1.19Ac SITE CLASS IV per 150 DESIGN FLOW 480 gpd L.T.A.R. .4-.3

Septic Tank: 1000 Gallons; STB 795 Date 5-4-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 200+

No Lines 3-4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: gravity PPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

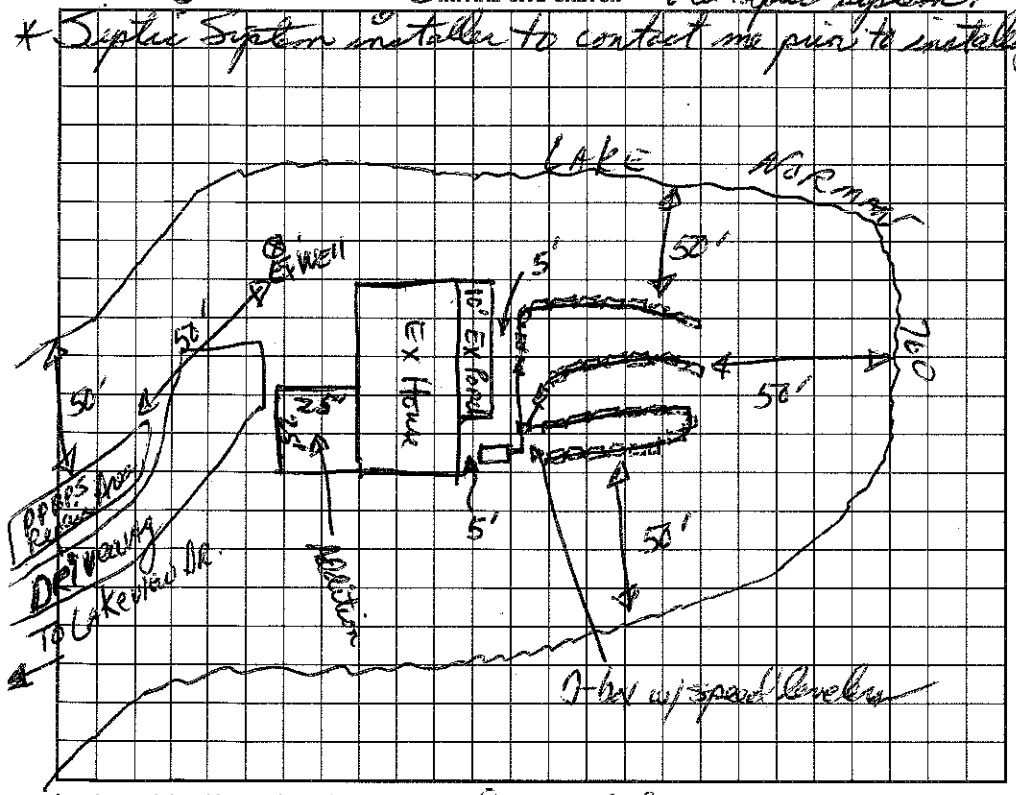
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Septic System replacement due to existing system being located underneath existing structure (porch). Install as much PPBPS as space allows up to 200'. Existing house already contains 4 bedrooms. Disconnect old septic system.

* Septic System installer to contact me prior to installing system!

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: X

Improvement Permit by: David R. Hinson, RS date 12/17/93

Existing System Inspection by: _____ date _____

Installed by: J. Bowles

Certificate of Completion by: Wesley Sparks R.S. date 6/15/94

Operation Permit by: _____ date _____

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