4627932282

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. 06 7753 DATE 6/30/97 TAX MAP NO. 4627912791 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR SHAVENDER DEV. GROUP PHONE: Business 663-6905 - T. JACOBS Home

ADDRESS 1143 D EXECUTIVE CIRCLE CARY NC 27511

LOCATION BRAWLEY SCHOOL RD - TR BLUME - TL BEATEN PATH - TL DOBBIN CT - @ AT END.

SUBDIVISION SHAVENDER BLUFF BLOCK / SECTION LOT 147 LOT AREA .72 AC SITE CLASS. RS DESIGN FLOW 460 GPD L.T.A.R. .36 RD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 1/22/98

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY CHAMBERED OR SIMILAR

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

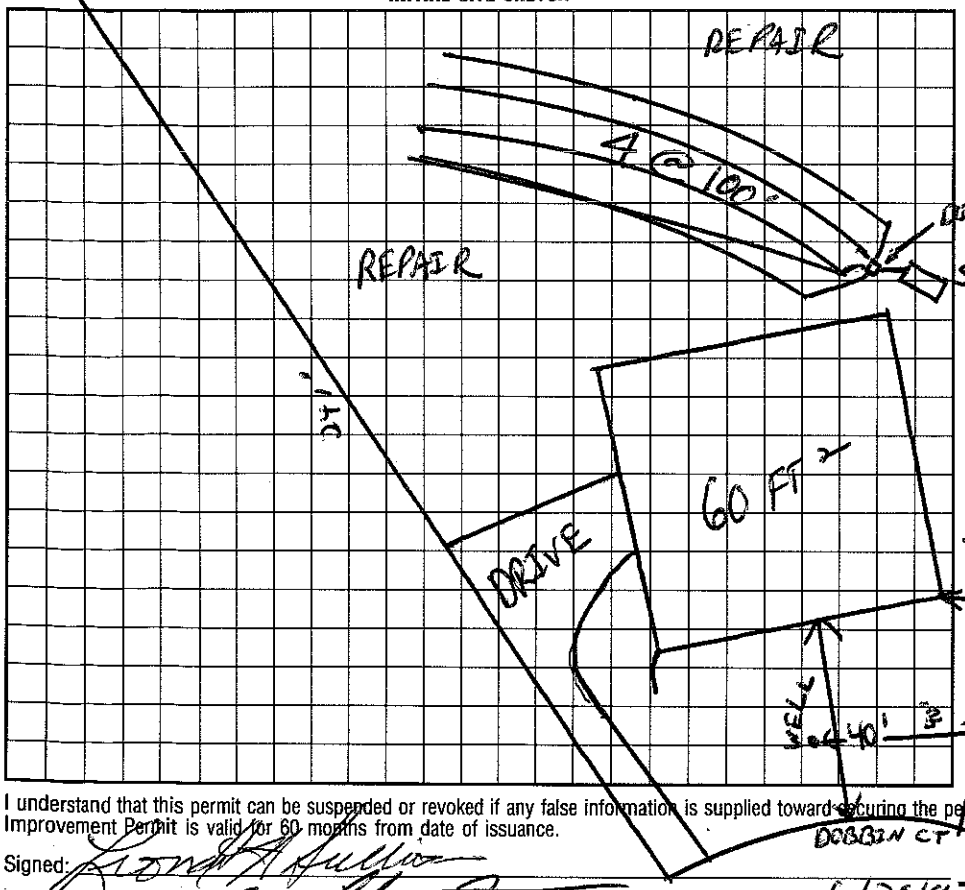
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

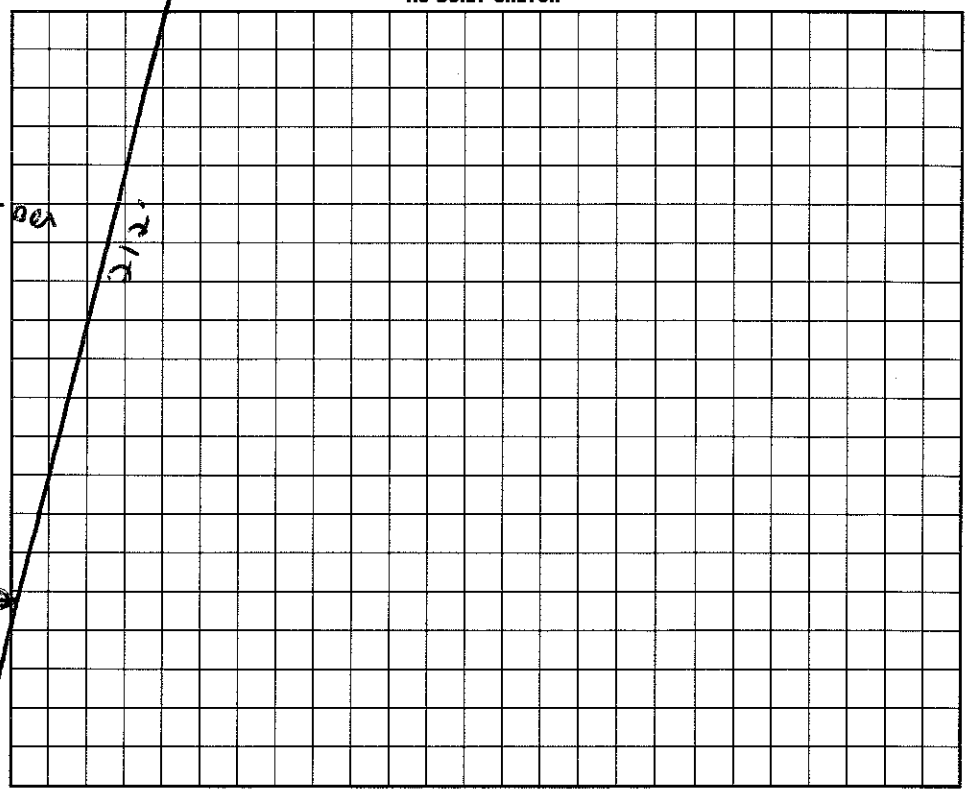
Comments: 250' 1"=40'

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. Improvement Permit is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: date 6/30/97

Revisation to System Inspection by: date 12/4/97

Installed by: Curt Dempsey

Certificate of Completion by: Wesley Sparks RS date 4/13/98

Operation Permit by: Wesley Sparks RS date 4/13/98

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