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382-0973 - FAY

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. 17208 DATE Jan. 24, 1994 TAX MAP NO. 2P3-7 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Stuart Schafer PHONE: Business _____ Home 892-0069 LN

ADDRESS PO Box 1497, Cornelius

LOCATION 150W TL McCrary TR Riverwood ~½ mile on left

SUBDIVISION Crescent/LN BLOCK / SECTION 10 LOT 89 LOT AREA ~3/4ac SITE CLASS. RS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 1/11/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth ~24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: Gravity PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☑ Other _____

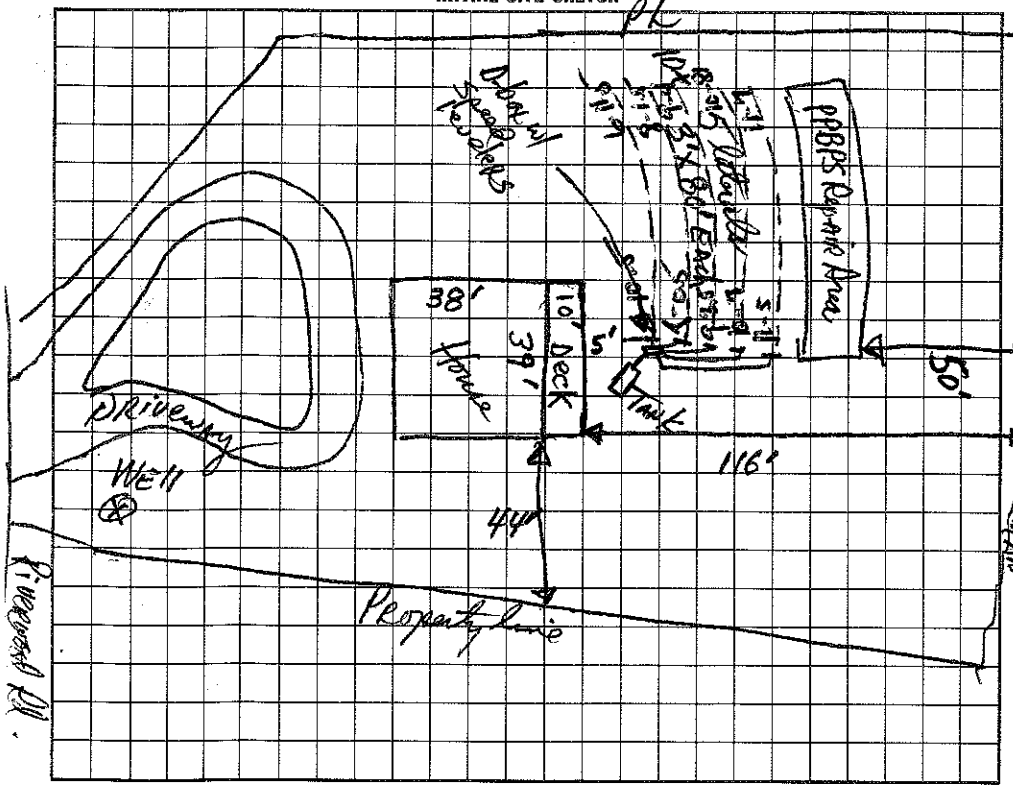
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

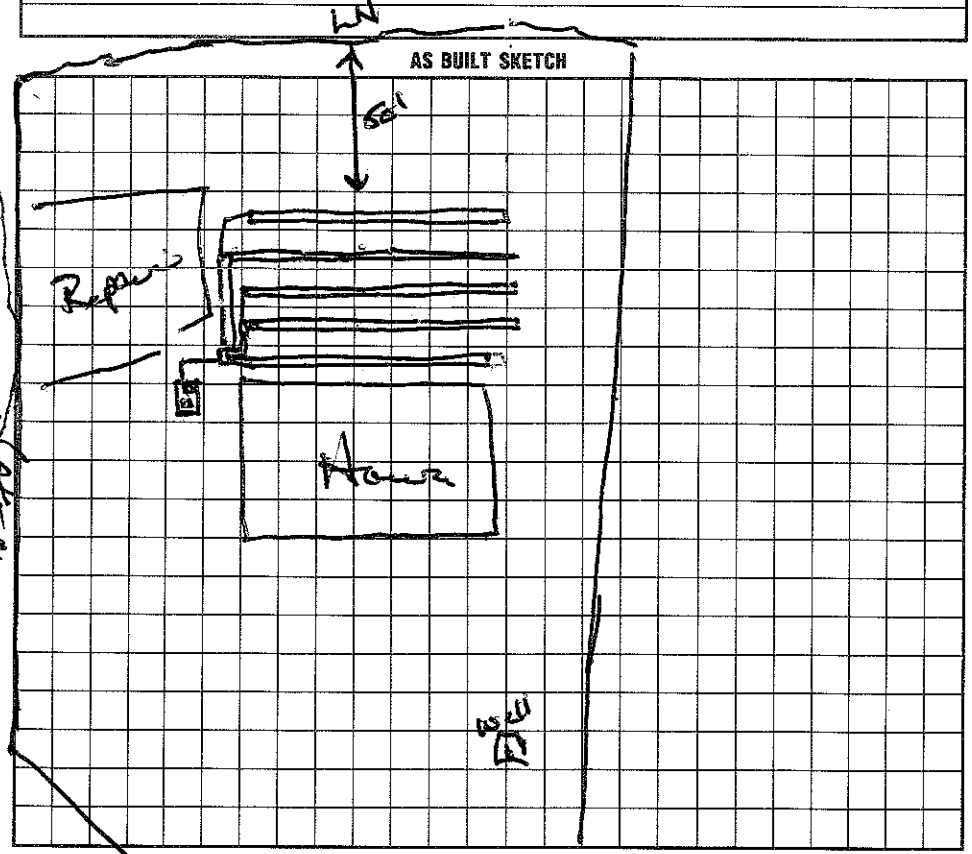
Comments: This permit replaces permit issued 12/6/93. House size and location revised as shown. Basement floor level to be at existing grade on lower house/lake side. Follow contour w/ laterals

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 X Stuart Schafer

Improvement Permit by: [signature] RS date 1/24/94

Existing System Inspection by: _____ date _____

Installed by: Wilkins Grading + Hauling

Certificate of Completion by: Wesley Sparks R.S. date 5/14/98

Operation Permit by: Wesley Sparks RS. date 5/14/98

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