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. 72873 DATE Dec 20, '95 TAX MAP NO. 2N8A8 4628 61 4199 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Jeff Sistrunk PHONE: Business _____ Home _____ WS4CA

ADDRESS 364 Northwest Dr. Davidson 28036

LOCATION 150 W TR Pinnacle Shores Dr. TR Sienna Ln. on left 111 Sienna Ln.

SUBDIVISION Pinnacle Shores BLOCK / SECTION 1 LOT 8 LOT AREA 1.05Ac SITE CLASS. PSpa.1956 DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/26/96

Pump Tank: 1000 Gallons; PT 47 Date 5/19/96

Pump Make: Goulds Model WE05111H Serial No. D9627030

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 NA

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

System Description: pump/pm/INFILTRATOR

Repair System Description: LPPPBRS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

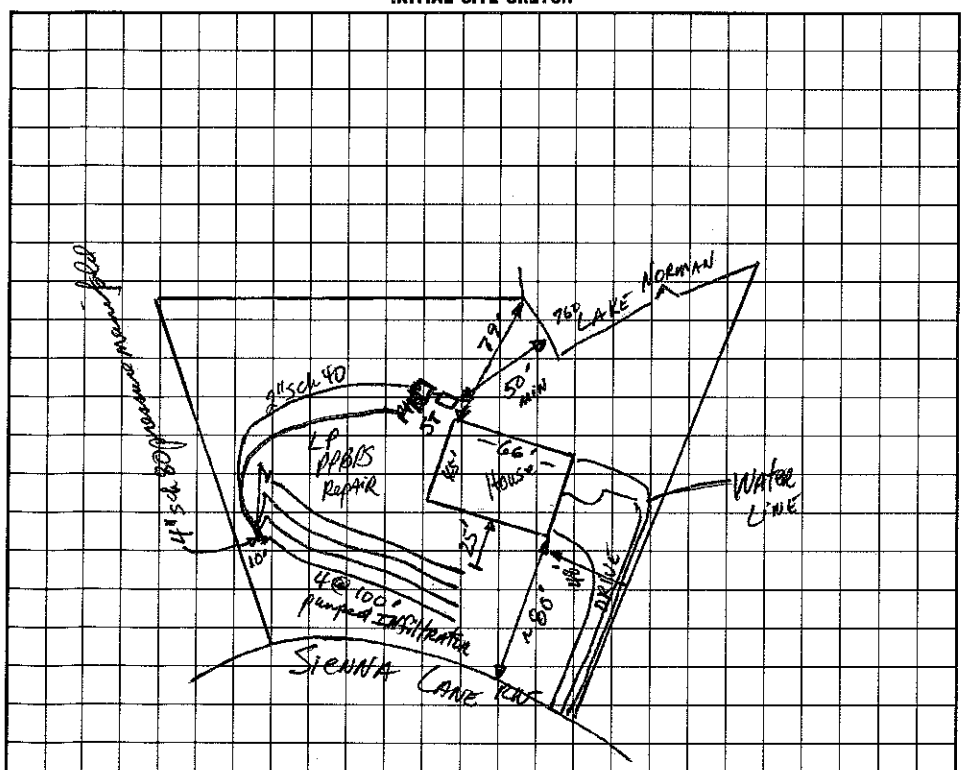
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☑ Community ☐ Public

Comments:

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.

Signed: ____

Improvement Permit by: [signature] RS date 12-20-95

~~Existing System Inspection by:~~ Authorization To Construct [signature] RS date 12-20-95

Installed by: [redacted] FJ Ervin

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 6/24/96

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK LBF 7/9/96 OWNER COPY (INITIAL): GOLD