IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

pd 125 9-24-97

PROPERTY DESCRIPTION NO. 26964 71512 DATE 7-28-97 TAX MAP NO. 4629-62-7794 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR David E. Townsend PHONE: Business _____ Home 910-768-6899

ADDRESS 4801 Glakwyn Dr. Winston Salem N.C.

LOCATION State Pk Rd Turn Morrison Frm Past April Ln TR Chickory bn at end

SUBDIVISION Lake Norman BLOCK / SECTION 17 LOT 91 LOT AREA .81 acres SITE CLASS. 125 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 8-16-95

Pump Tank: 1000 Gallons; PT 17 Date 12-2-96

Pump Make: WEIL MCLAIN Model _____ Serial No. 7J9841405

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 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: Pump To Chambers

Repair System Description: " " Panels

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Mobile Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees _____

☐ Other _____

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

Water Supply:
☑ Individual
☐ Community
☐ Public

Relocating

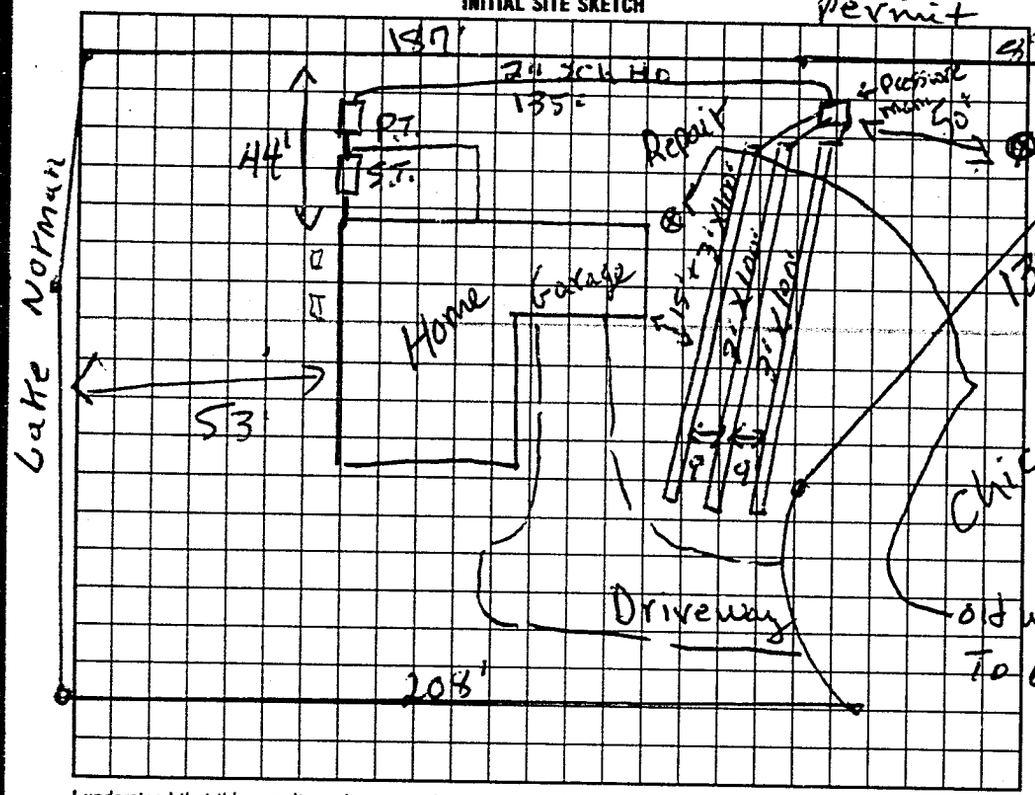
Comments:

See Attached Sheets for Pump Tank, Pressure manifold & Cleanout which become part of this permit

Comments:

Well abandonment well according to DEM Standards & Home Record To Attach to Permit.

INITIAL SITE SKETCH



AS BUILT SKETCH

Inspected Drain Lines

P.T. S.T. Drain Down Test

10-21-98 JCM

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: Pat K. Townsend

Improvement Permit by: P. C. Moore date 7-28-97

Authorization

Existing System Inspected by: P. C. Moore date 7-28-97

Installed by: David Yountz

Certificate of Completion by: _____ date _____

Operation Permit by: P. C. Moore date 12-9-98

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

to Court.

Authorization to Court Expires 60 mos from issue