4634790885

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. Repair DATE 8/27/97 TAX MAP NO. Repair Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Ray Cawthen PHONE: Business 895-1850 Home 892-5768

ADDRESS 122 Sea Breeze Ln

LOCATION Longtree Rd past Royal Pt TR on Waterview TL on Sea Breeze at end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA existing 20,000 SITE CLASS. _____ DESIGN FLOW 360 gpd L.T.A.R. Existing

Septic Tank: 1000 Gallons; STB Existing Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet _____ Linear Feet 160'

No Lines 4 at 25' Trench Width 15' Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Gravity - Conventional - Bed

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

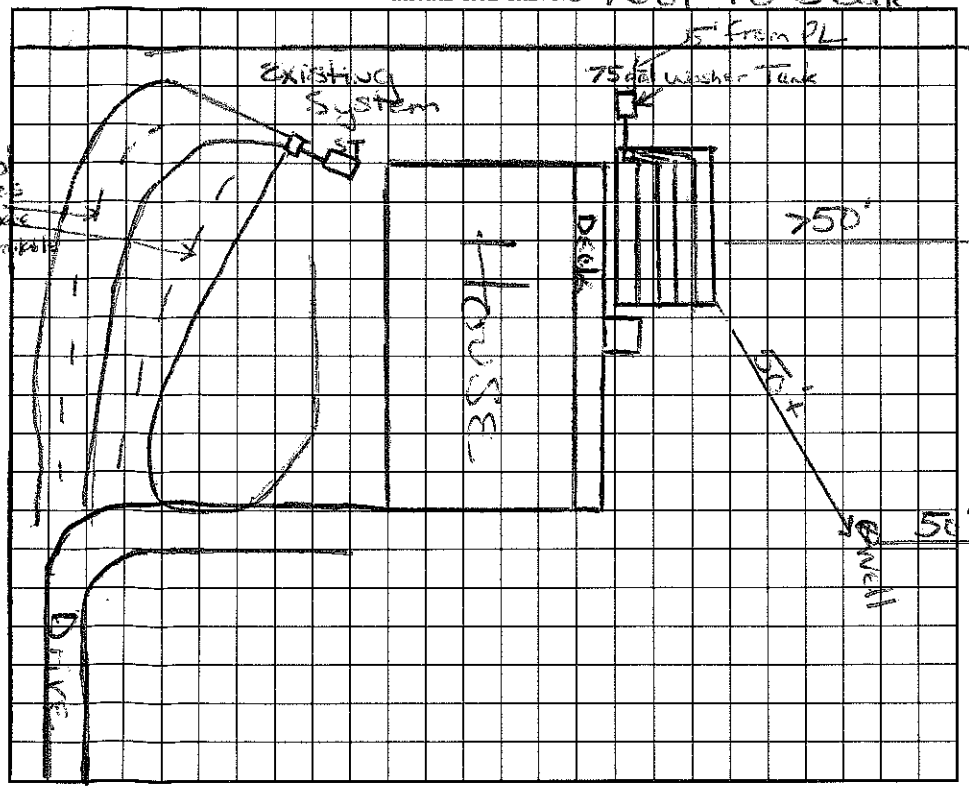
Water Supply: X Individual ☐ Community ☐ Public

Comments: Add 75 gallon Washer tank & Bed drainfield with 4 lines 25' in length. Repair damage to existing drainfield & add additional lines in between existing drainfield lines.

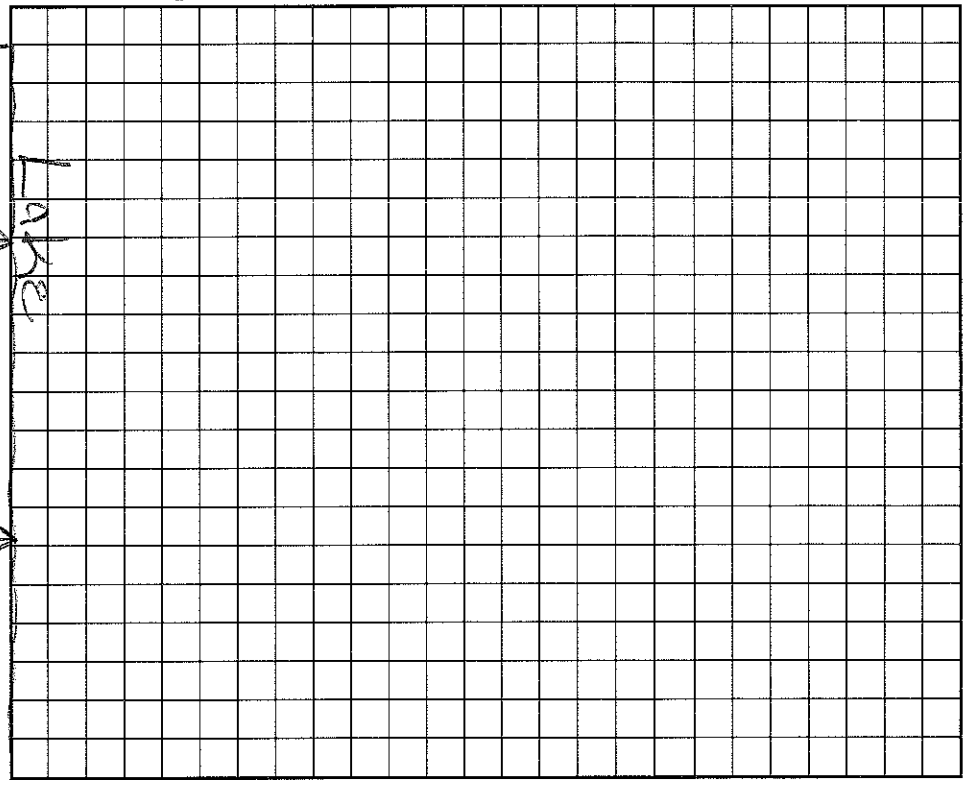
Comments: if room is available.

Note: Natural Gas line Should be moved out of existing drain field area.

INITIAL SITE SKETCH Not to Scale



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: Ray D. Cawthen

Installed by: Tim Simmons

Improvement Permit by: Marion H. H. Dotson date 8/27/97

Certificate of Completion by: Wesley Sparks RS date 9/30/97

Existing System Inspection by: Marion H. H. Dotson date 8/27/97

Operation Permit by: Wesley Sparks R.S. date 9/30/97

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