4635697105

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. 20795 DATE 6/12/95 TAX MAP NO. 2G-6-A-96 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR Tom Fox Dr. PHONE: Business _____ Home 568-6448

ADDRESS 7424-A PTF Pebblestone Charlotte NC. 28262

LOCATION Brawley Sch. Rd, L on Statts (L) on 2ND Commodore Lp. (R) on Surfside, 3rd Paton (R) 116 SURFSIDE LN.

SUBDIVISION Commodore Pen. BLOCK / SECTION _____ LOT 96 LOT AREA .3 Ac SITE CLASS. AS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 1/18/96

Pump Tank: 1000 Gallons; PT 27 Date 3/17/96

Pump Make: Liberty Model LE51A Serial No 3499/206

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~200~~ 400

No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 6" SAND.

[X] New System [ ] Repair System Type: I, II, III, [IV], V, VI

System Description: Pressure - PPBS 16"

Repair System Description: Same

Maintenance Agreement Required: [X] Yes [ ] 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

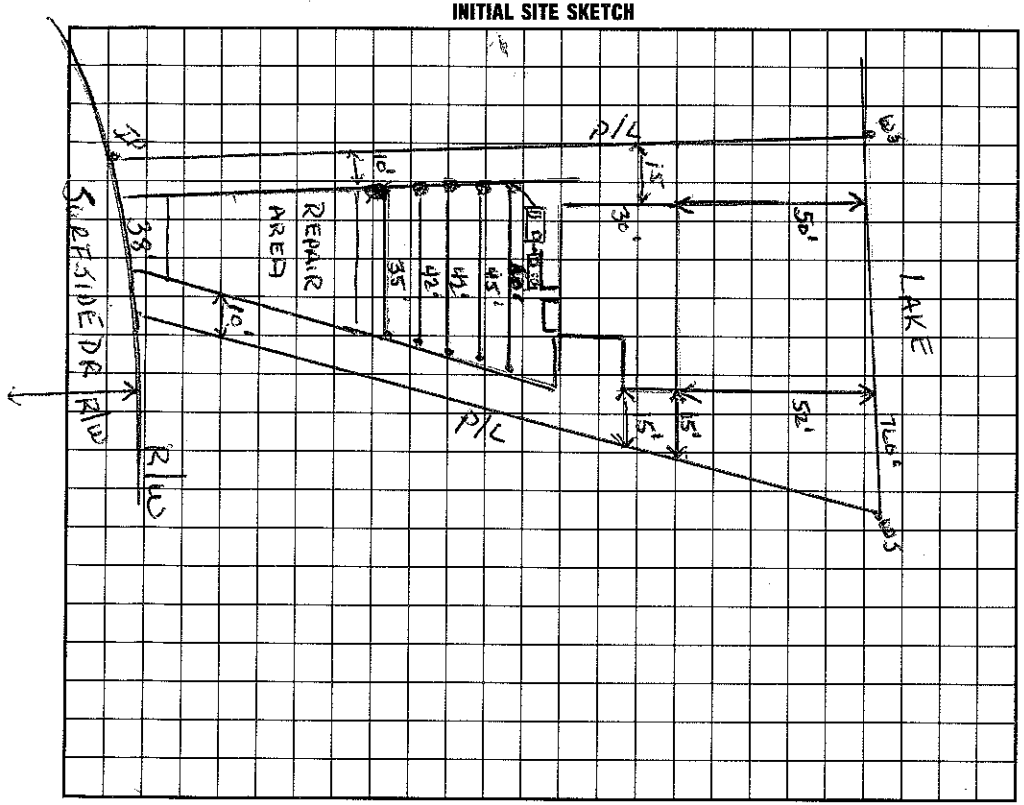
Water Supply: [ ] Individual [X] Community [ ] Public

Comments: * 200 of Pressure Prof. Panel Blocks - 16"
* Maintenance Contract is required.

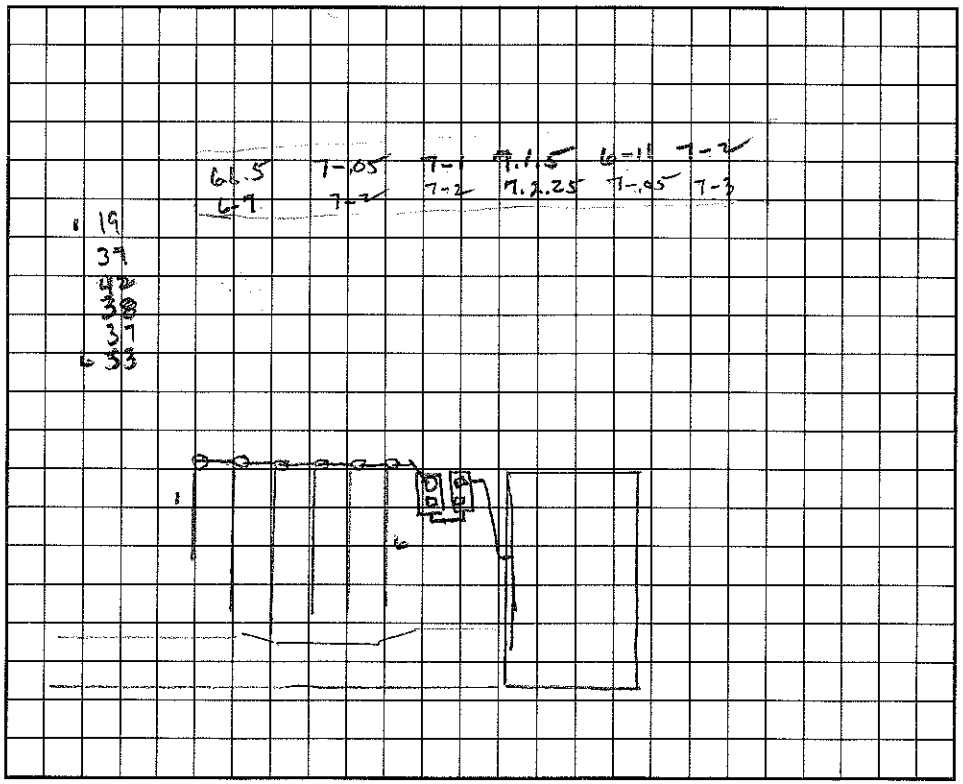
Comments: Electrical checked - 5/29/96

Maintenance agreement received on _____.

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: Copy mailed to L Neville, requested by phone. 4/13/95 Ans

Improvement Permit by: Wesley Sparks RS. date 6/12/95

Existing System Inspection by: _____ date _____

Installed by: Bob Mayhew

Certificate of Completion by: Wesley Sparks RS. date 6/5/96

Operation Permit by: Wesley Sparks RS. date 6/5/96

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