IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. _____ DATE April 16 '97 TAX MAP NO. 4635-69-9710 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Grant Williams Sr. PHONE: Business 570-1885 Home _____

ADDRESS _____

LOCATION Brawley Sch Rd. TL Stutts Rd. TL 2nd Commodore Loop on left just past Sunfield Drive

SUBDIVISION Commodore Pen. BLOCK / SECTION _____ LOT 166 LOT AREA Existing ~10,000 ft² SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. ~.3

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 550-600 Linear Feet ~200

No Lines 2 beds Trench Width SEE Sketch Max Trench Bottom Depth As needed Gravel Depth 12"*

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

System Description: grave conv/ panel

Repair System Description: grave beds

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

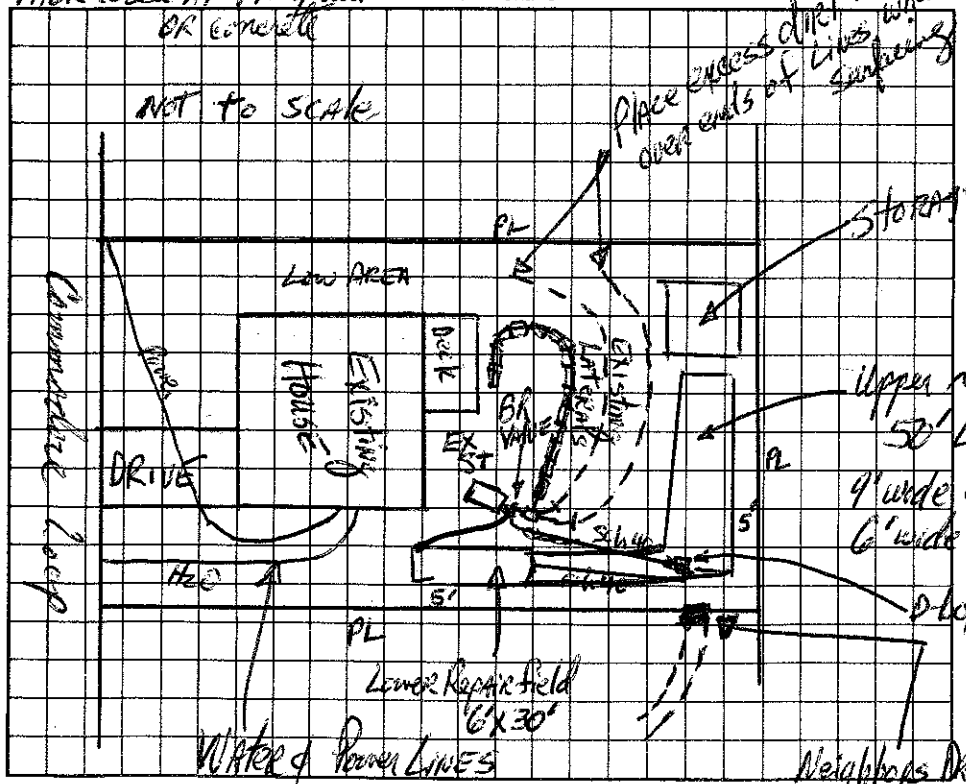
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Pump septic tank; check plumbing for leaks

All portions of neighbor's septic drainfield that crosses property line to be removed and disposed of at county landfill.

Comments: *Install one foot + of washed/screened sand underneath gravel in repair trenches.

INITIAL SITE SKETCH



AS BUILT SKETCH

ONE ~~TWO~~ LONG ~~TRENCH~~ TRENCH

INSTALLED INSTEAD OF TWO

County Landfill.

Count This Lot to be Removed & disposed of at

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: Grant Williams

Improvement Permit by: _____ date 4/18/97

~~Existing System Inspection~~ Construction Authorization by: _____ date 4/18/97

Installed by: ABERNATHY

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 6/23/97

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