(9:30)

# 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. 16942 DATE Sept. 3, '93 4635-70-4106 TAX MAP NO. 2BA-10A

OWNER OR CONTRACTOR Glen Handyman PHONE: Business _____ Home _____

ADDRESS 816 Shady Bluff Dr, Charlotte, NC

LOCATION 1102 TR just past 2nd Lakeshore Dr. ~500' on left

SUBDIVISION Sailors Sunset BLOCK / SECTION _____ LOT 1 LOT AREA .95 ac SITE CLASS. RS pr 1956 L.T.A.R. 13

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 794 Date 11/5/96

Pump Tank: 1000 Gallons; PT 27 Date 4/1/97

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 270

No Lines 4 Trench Width 24" Trench Depth 30" Gravel Depth NA

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

System Description: LP PPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4 Garbage Disposal: ☑ Yes ☐ No

☐ Mobile Home No. Bathrooms 3½ Auto. Dishwasher: ☑ Yes ☐ No

☐ Business No. Employees _____ Auto. Washing Machine: ☑ Yes ☐ No

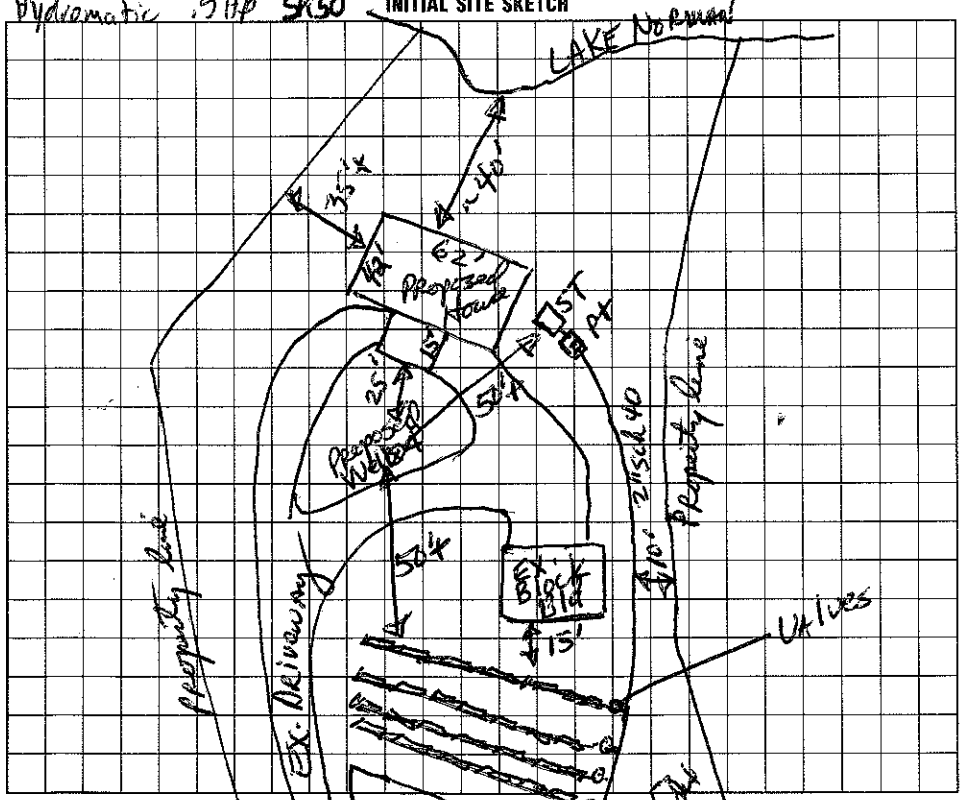
☐ Other _____ Other _____

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

Comments 62 panels total; ONE 3/16" per panel turned up & located midways 2' upstream bed; Follow contours; 37 gal/min at approx 25' head. Septic installer to have consultation w/me prior to installing system.

Hydromatic .5Hp SK50

### INITIAL SITE SKETCH




### AS BUILT SKETCH

TANKS, LINES, PRESSURE, FLOATS, ALARM CHECKED 5/15/97.

MAINTENANCE AGREEMENT RECEIVED _____.

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 _____

Improvement Permit by: _____ date 9/3/93

Existing System Inspection by: _____ date _____

Installed by: JIM AMMONS

Certificate of Completion by: Wendy Spinks R.S. date 6/24/97

Operation Permit by: Wendy Spinks, RS date 6/24/97

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