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. _____ DATE Jan-12, '94 TAX MAP NO. 4635-70-9119 Watershed: ☑ Yes ☐ No LR

OWNER OR CONTRACTOR Jerry Wertz PHONE: Business _____ Home _____

ADDRESS 240-16 Cross Point Circle, Mathews 28105

LOCATION SR 1102 TR 2nd Lakeshore Dr. 300-500' on Rt.

SUBDIVISION Lakeview Shores BLOCK / SECTION _____ LOT 31 LOT AREA ~20,000 ft² SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1+EX Square Feet 900 Linear Feet 300

No. Lines 4 in bed Trench Width 12' Max Trench Bottom Depth 36" Gravel Depth 18"+

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

System Description: gravity bed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

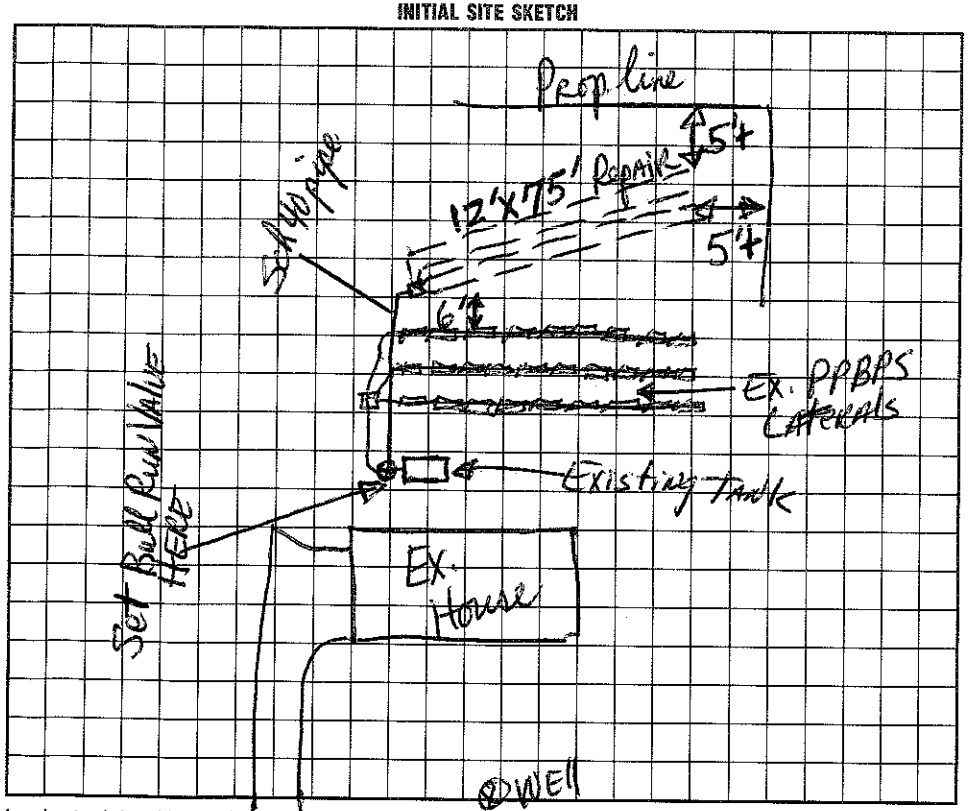
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Check all plumbing for leaks & pipe off gutter drains & landscape to provide good surface drainage

Comments: Pipe from BL valve to new (replacement) nitrification field routed around and below existing deck and panel laterals installed across as shown on sketch. Trenfield bed as shown on sketch

INITIAL SITE SKETCH



AS BUILT SKETCH

Substantially as initial shown on 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: Jerry Wertz

Improvement Permit by: Parker R Harrison, RS date 1/17/94

Existing System Inspection by: _____ date _____

Installed by: J L Bowles

Certificate of Completion by: Parker R Harrison, RS date 4/8/94

Operation Permit by: _____ date _____

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