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. 15981 DATE Oct 11, 93 TAX MAP NO. 2B-1-C-18

OWNER OR CONTRACTOR Worth J. Smith Jr. PHONE: Business ~~Home~~ 4635-81~~1335~~ 90-3807

ADDRESS 4625-F Sharon Chase Dr. Charlotte NC 28215

LOCATION 1102 N 1st Lakeshore Dr. on left CORNER Lot with Aqua Drive

SUBDIVISION Lakewood Shores BLOCK / SECTION ____ LOT 18 LOT AREA ~20,000 FT SITE CLASS PS L.T.A.R. .3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 1012 Date 7/3/94

Pump Tank: ____ Gallons; PT ____ Date ____

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

No Lines 4 Trench Width 36" Trench Depth 24" Gravel Depth 12"

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

System Description: Yearly conventional

Repair System Description: Same or RPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☑ Yes ☐ No

☐ Mobile Home No. Bathrooms 2½ Auto. Dishwasher: ☑ Yes ☐ No

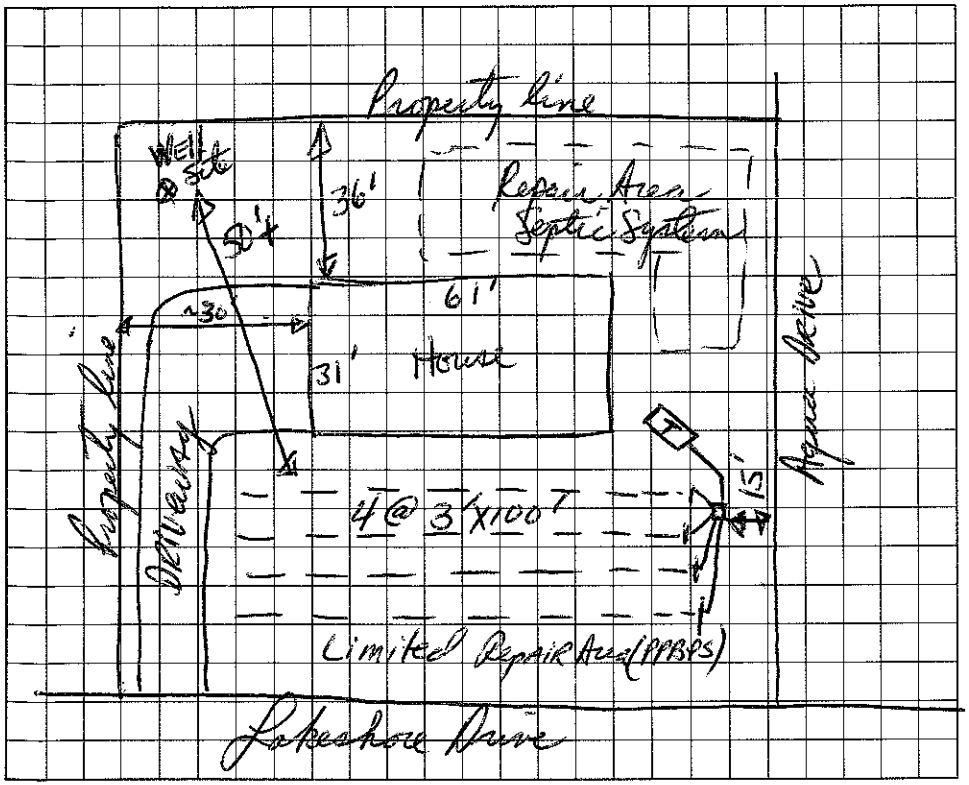
☐ Business No. Employees ____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other ____ Other ____

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

Comments Exit plumbing at grade in order to accomodate specified trench bottom depth. This permit replaces one issued April 21, 93

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as drawn - AWS

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 X

Improvement Permit by: David R Hargrove RS date 10/11/93

Existing System Inspection by: Worth J Smith date ____

Installed by: Richard Abernathy

Certificate of Completion by: Wesley Spotts RS. date 9/28/94

Operation Permit by: ____ date ____

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