10:30

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. 067586 DATE 9/30/97 TAX MAP NO. 4636622943 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Sid Thomasson (Adams Thomasson Const) PHONE: Business 342-3990 M 361-5111 Home 434-3990

ADDRESS 1001 Elizabeth Ave St 1-C Charlotte NC 28204

LOCATION Brawley School Rd TL Stotts Rd TL Woodstream on right B2 Woodstream

SUBDIVISION Norman Wds BLOCK / SECTION ____ LOT 56 LOT AREA ____ SITE CLASS. PSJ DESIGN FLOW 360gpm L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 1-6-00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 400' Linear Feet 200'

No Lines 4 at 50' Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Panel Blk - Gravity

Repair System Description: Panel Blk - Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

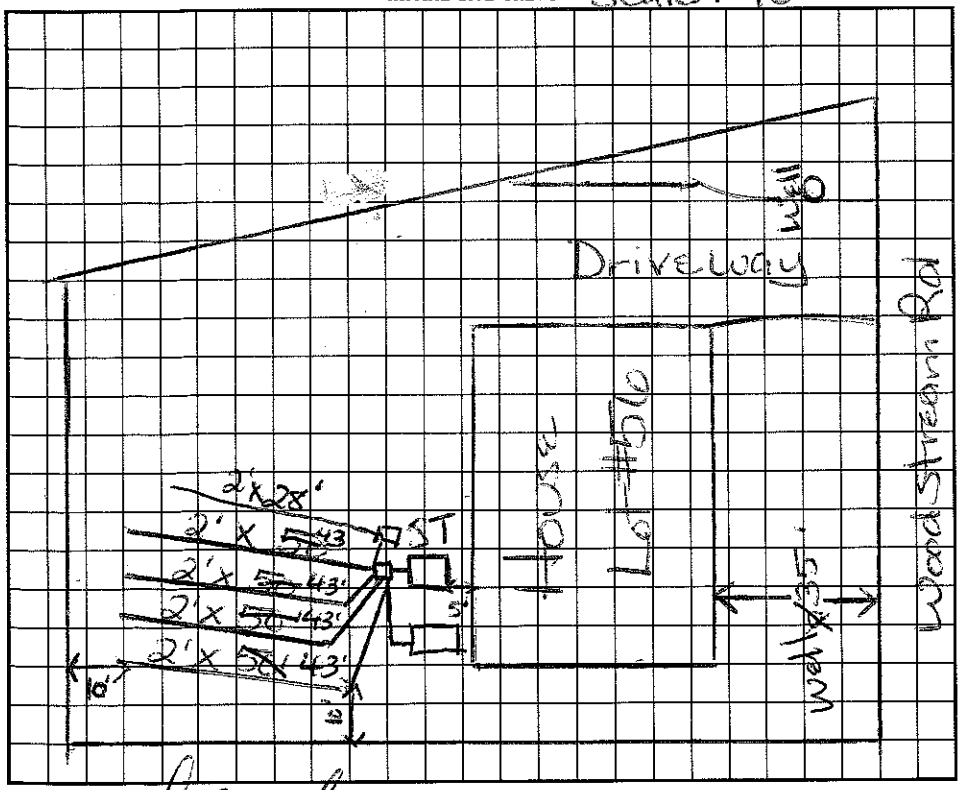
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

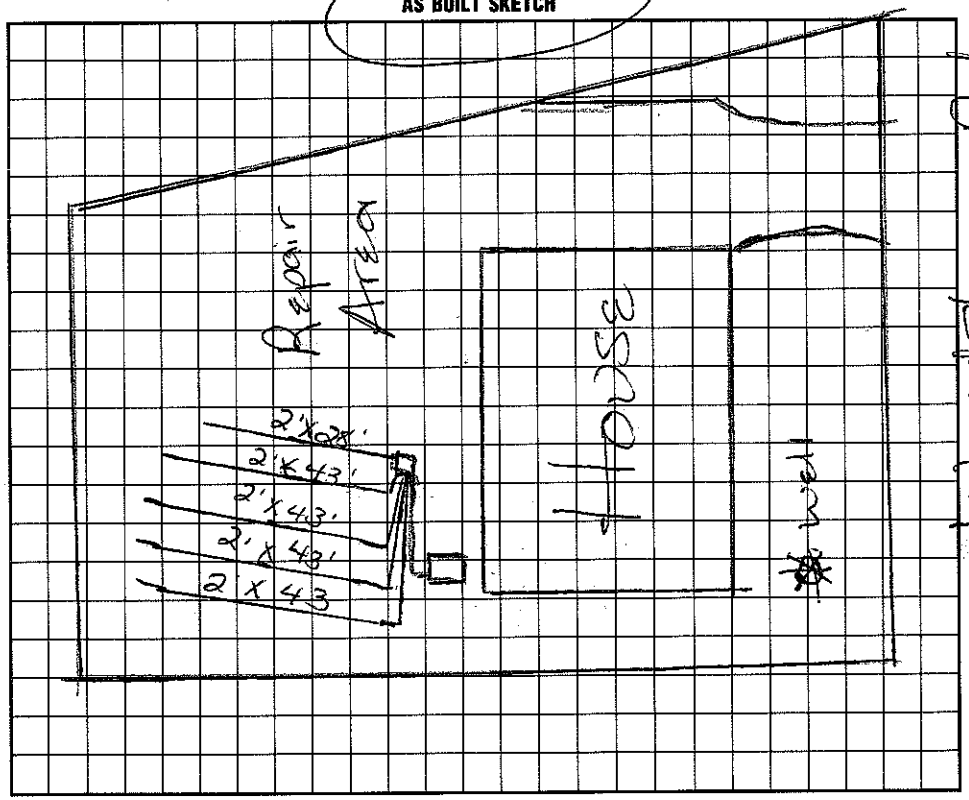
Comments: Keep drainlines 8' on center

Comments: Installed 5 lines - Panel BK
Shortest line is highest elevation overflow
Should drop to lower lines

INITIAL SITE SKETCH Scale 1:40



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: Sid Thomasson

Improvement Permit by: Maria H.H. Dotson date 7/30/97

Existing System Inspection by: Maria H.H. Dotson date 7/30/97

Installed by: Reade Eyde

Certificate of Completion by: Maria H.H. Dotson R.S. date 6/14/00

Operation Permit by: Maria H.H. Dotson R.S. date 6/14/00

Const Auth

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