IREDELL COUNTY HEALTH DEPARTMENT

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

4636 86 2625

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

PROPERTY DESCRIPTION NO. 17447 DATE March 2, '94 TAX MAP NO. 2K-9-A-58 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Stuart Selig PHONE: Business 948-0500 Home L.N.

ADDRESS 12201 Vanstory Rd. Huntersville 28078

LOCATION 1100 TL #79 TR Old Square TL Billy Joes Blvd on Right ~3rd lot past pit w/ Pintail

SUBDIVISION Mallard Head BLOCK / SECTION _____ LOT 58 LOT AREA 60'X90' Sewer Easement SITE CLASS. PS for 1956 DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 74 Kellogg Date 3-20-94

Pump Tank: 1000 Gallons; PT 27 Kellogg Date 3-1-94

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 320

No Lines 4 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth _____

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

System Description: LPP PBPS

Repair System Description: SAME

Maintenance Agreement Required: X ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____ partial

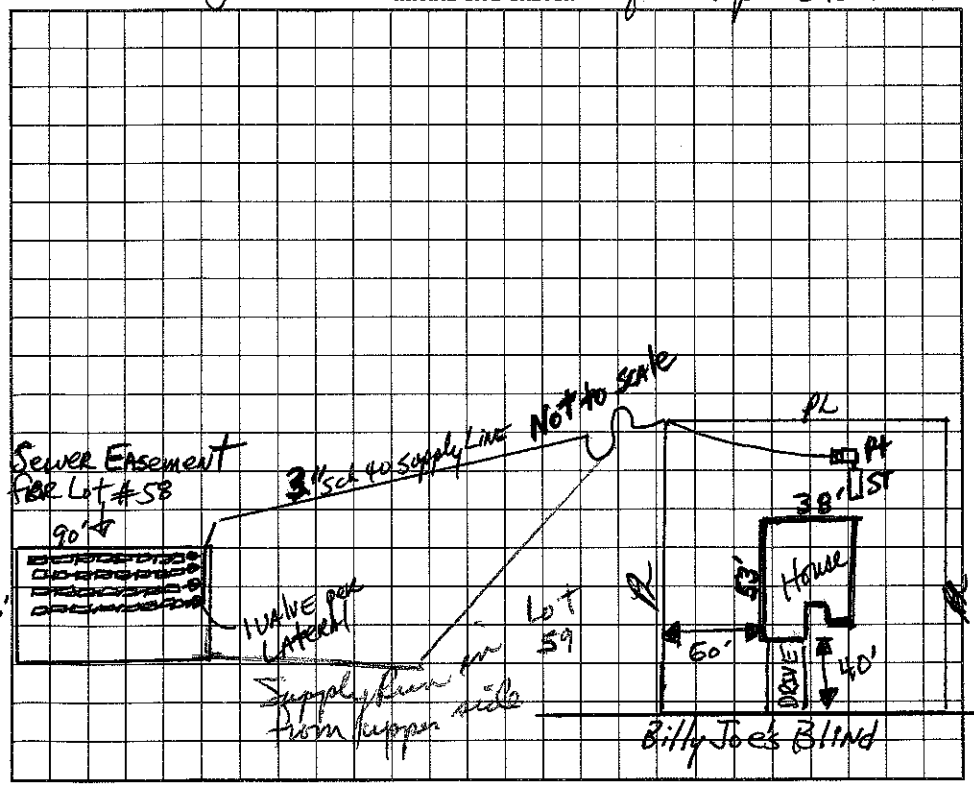
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Laterals to follow Contour. 74 panels total, one 3/16" hole per panel, 2' pressure head. Pump specs: 44 gal/min at approx 40 head using 3" Sch 40 pump-supply line. Consultation w/ septic system installer required prior to constructing system.

Comments: Supply line installed when 10' sewer drain easement along lot 59 boundary in order not to across approx 6 other sewer easements. Supply line comes in from upper side.

INITIAL SITE SKETCH



AS BUILT SKETCH

Substantially as shown on initial 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: _____

Improvement Permit by: _____ date 3/2/94

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 8/26/94

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