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. 19090 DATE June 28, '94 TAX MAP NO. ~~26-185~~ 4636-93-7428 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Art Pitt PHONE: Business _____ Home _____

ADDRESS 57 Greenwood Rd, New Providence, NJ

LOCATION 1100 ft / 179 to Broadbill, Turkey Neck Dr - ~1/4 mile on Rt.

SUBDIVISION Woodland Hills BLOCK / SECTION _____ LOT 92 LOT AREA 20,000 ft² ± SITE CLASS. PS prior 1956 DESIGN FLOW 360 gpd L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB ~~794~~ Date 3-2-95

Pump Tank: 1000 Gallons; PT 27/Delhaize Date 4-10-95

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPP/RES

Repair System Description: Stone

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees _____

☐ Other _____

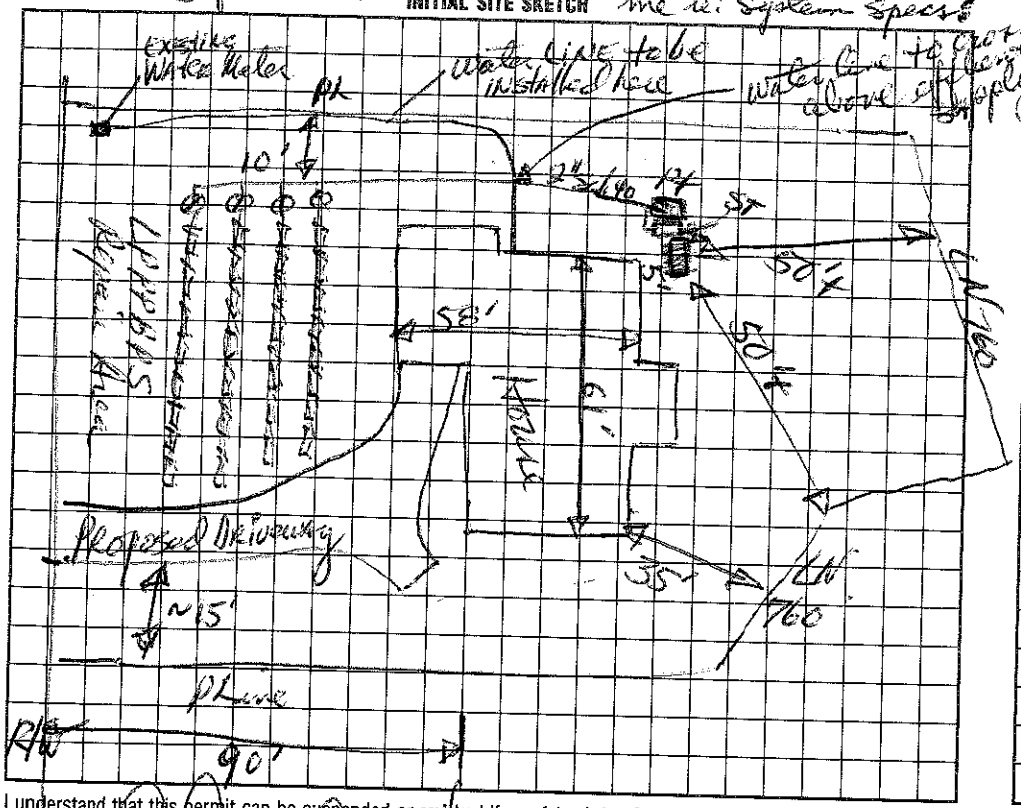
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

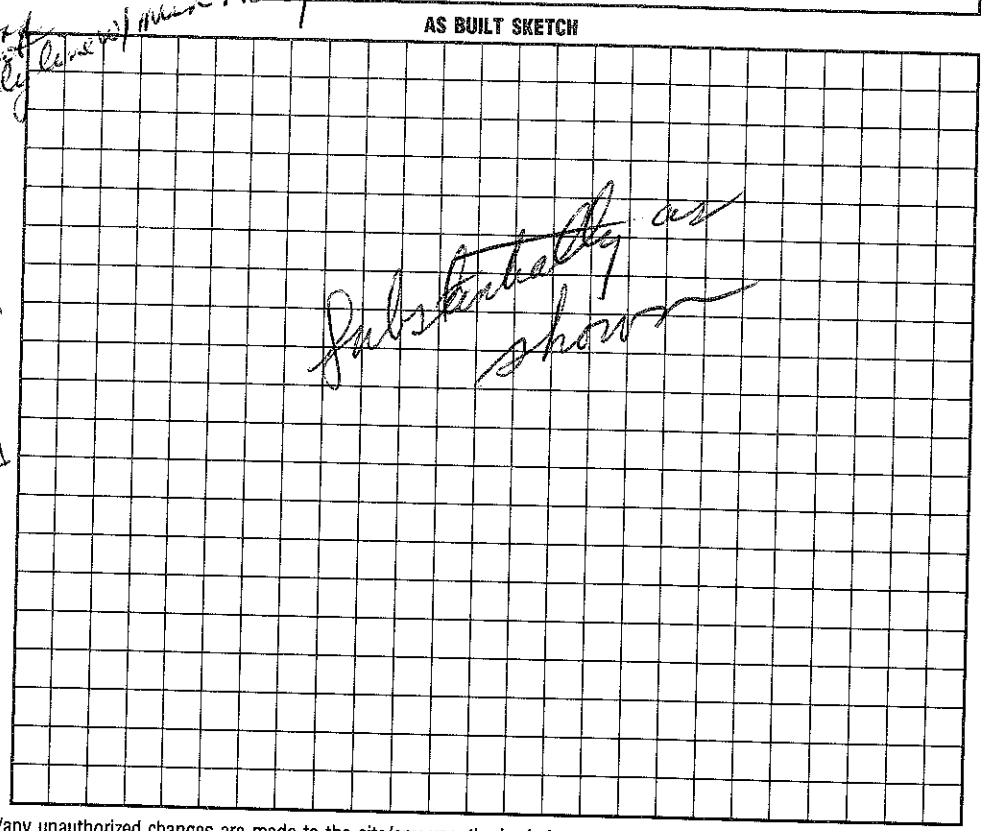
Comments: Lot recorded prior to 1983, Recommend driveway be moved towards right side boundary to allow installation of drainfield in 3 trenches vs 4 trenches thereby increasing future repair space. Septic Tank installer to verify system specs.

Comments: Installed in 3 trenches - 150' each 5/25/95 +18" separation

INITIAL SITE SKETCH



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: _____

Improvement Permit by: Jane B. Hanson, RS date 6/28/94

Existing System Inspection by: _____ date _____

Installed by: Tim Ammons

Certificate of Completion by: _____ date _____

Operation Permit by: Jane B. Hanson RS date 6/6/95

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