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. 069142 DATE 9/20/97 TAX MAP NO. 4637325178 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Edwin Ludwick (Integrity) PHONE: Business Int 528-3320 Home (910) 725-1958

ADDRESS 160 Tiseland Dr Winston Salem NC 27104

LOCATION Brawley School Rd TR, Oak Tree Rd left at fork 478 Oak Tree Rd

SUBDIVISION Sect. 19 BLOCK / SECTION 9 LOT 217 LOT AREA ~.75Acre SITE CLASS. Existing DESIGN FLOW 240gpd L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 625 Linear Feet 250

No Lines 3 Trench Width Exist Max Trench Bottom Depth _____ Gravel Depth 16"

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

System Description: Existing System-Gravity

Repair System Description: _____ Conv.

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 1.5 No. Employees _____

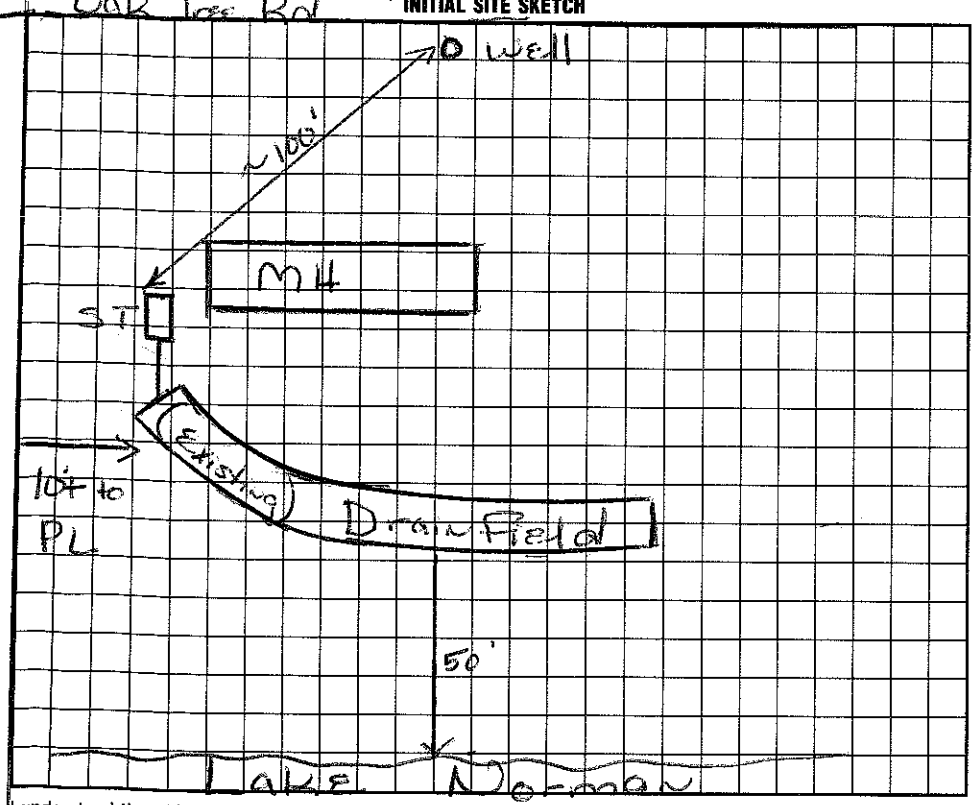
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: System appears to be functioning properly at time of inspection, No problem with Septic tank or Septic field visible

Comments: System originally installed 5-8-75 under J.C. Cook, sized for 2 Bedrooms 1½ bath

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: Russell Ussor

Improvement Permit by: Maina Dotson date 9/20/97

Existing System Inspection by: Maina Dotson date 9/20/97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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