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. 14915 DATE 10/29/93 TAX MAP NO. 2P-4-A-11 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR VIRGINIA I WALLACE PHONE: Business 896-8283 Home 4638441310

ADDRESS PO BOX 2203 CORNELIUS, NC. 28031

LOCATION NORMANDY RD, ON R JUST PAST KEENAN DR.

SUBDIVISION CL+T BLOCK / SECTION 2 11 LOT 1093 LOT AREA ~ 20,000FT² SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .63

Septic Tank: 1000 Gallons; STB 794 Date 8-24-93

Pump Tank: 1000 Gallons; PT 27 Date 8-26-93

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 3 Gravel Depth _____

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

System Description: PRES - CONV

Repair System Description: PRES - PANEL

Maintenance Agreement Required: ☒ Yes ☐ No 5YR.

☒ 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

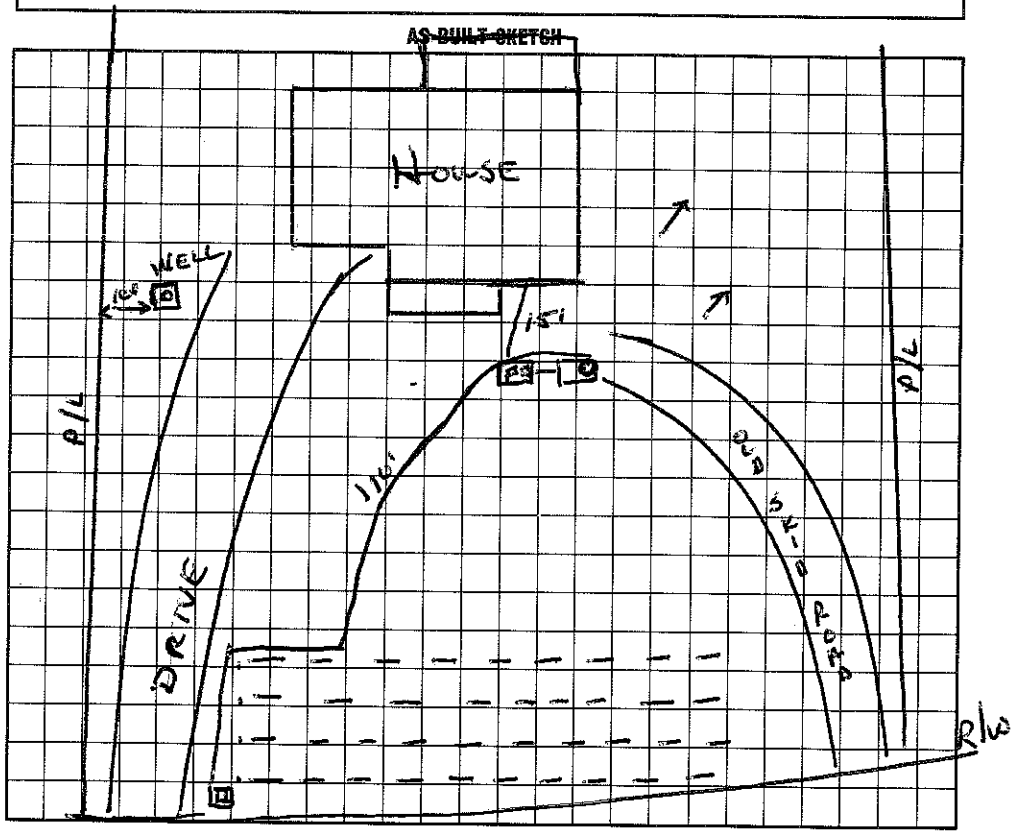
Comments:

Comments:

↑ LAKE

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: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: IRON HORSE GRADING

Certificate of Completion by: Wesley Sparks R.S. date 10/29/93

Operation Permit by: _____ date _____

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