IREDELL COUNTY HEALTH DEPARTMENT

→ AUTHORIZATION TO CONSTRUCT (1-30) 4638853756

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

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

PROPERTY DESCRIPTION NO. 25434 DATE 12/5/96 TAX MAP NO. 25-3-A-2C Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR LAWRENCE CARTER PHONE: Business _____ Home 919-679-5315

ADDRESS 516 W LEE AVE YADKINVILLE NC 27055

LOCATION PERTH RD - TL HIDEAWAY LN - ON CORNER OF PERTH AND HIDEAWAY

SUBDIVISION SLT BLOCK / SECTION 14 LOT 26 LOT AREA — SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 36-A

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines 2 @ 50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth MA

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

System Description: GRAVITY PANEL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 4

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

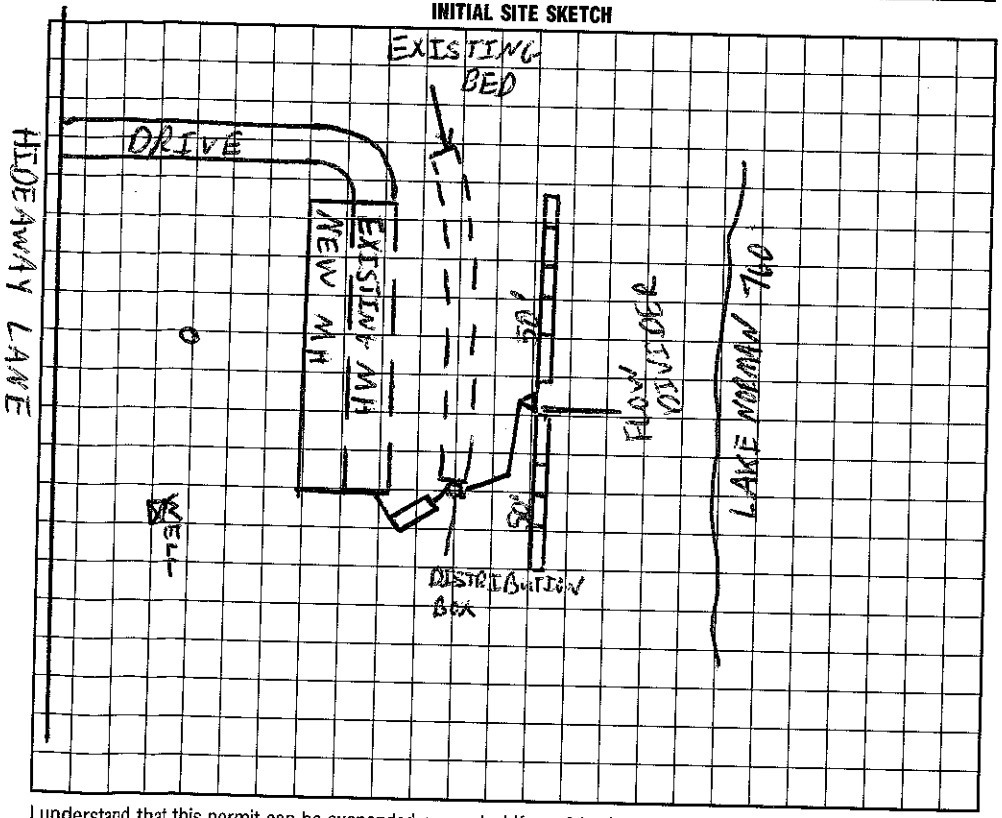
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS SITE 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.

~~ned:~~ MAILED TO BY REQUEST

ent Permit by: C. Ray Tran date 12/5/96

stem Inspection by: C. Ray Tran date 12/5/96

Installed by: TOMMY NIXON

Certificate of Completion by: _____ date _____

Operation Permit by: C. Ray Tran date 4/4/97

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