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. 22151 DATE Dec 12, '95 TAX MAP NO. 3C BA7 4639 13 1855 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Larry Sigmon PHONE: Business _____ Home _____

ADDRESS PO Box 607 Statesman

LOCATION RRN #411 Rd. TR Bullfinch on Right

SUBDIVISION Beacon Pointe BLOCK / SECTION _____ LOT 7 LOT AREA 1 Ac. SITE CLASS. PS per 1996, 1998 DESIGN FLOW 360gpd L.T.A.R. .3+

Septic Tank: 1000 Gallons; STB 1012 Date 2-13-96

Pump Tank: 1000 Gallons; PT 17 Date 2-5-96

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5@60' Trench Width 36" Trench Bottom Depth 48" Gravel Depth NA

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

System Description: Sand Lined In-filtrator - pm

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

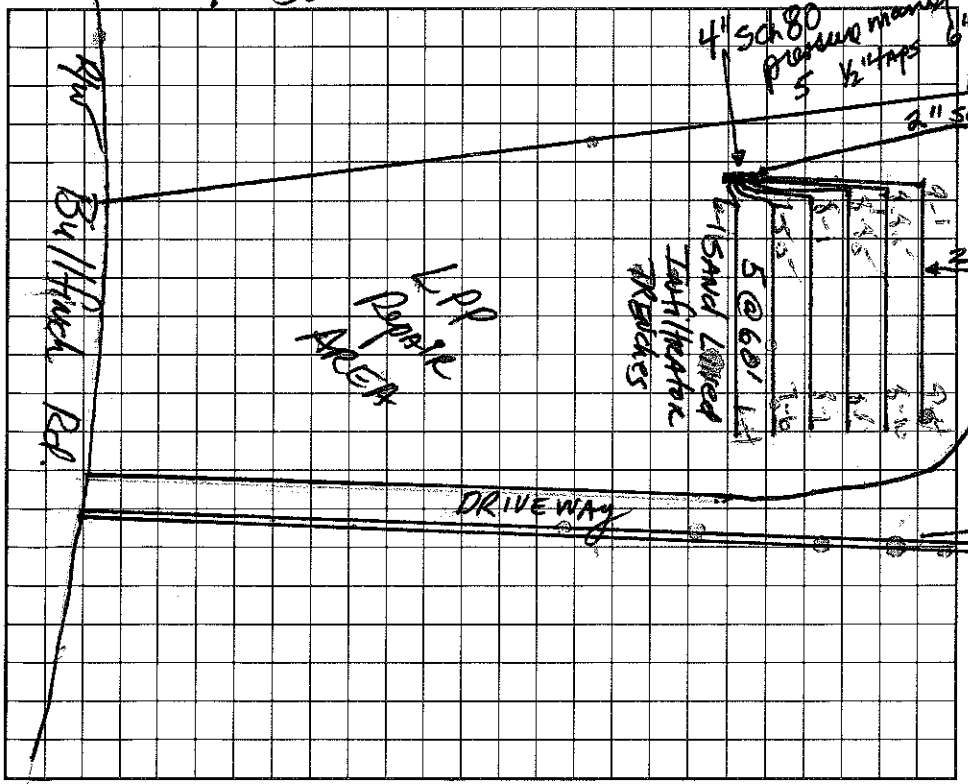
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Contractor note; INSTALL trenches 48" trench bottom - USE 24" of washed, screened sand in bottom, Set Infiltrator chambers on top of sand and use additional sand around chamber slits.

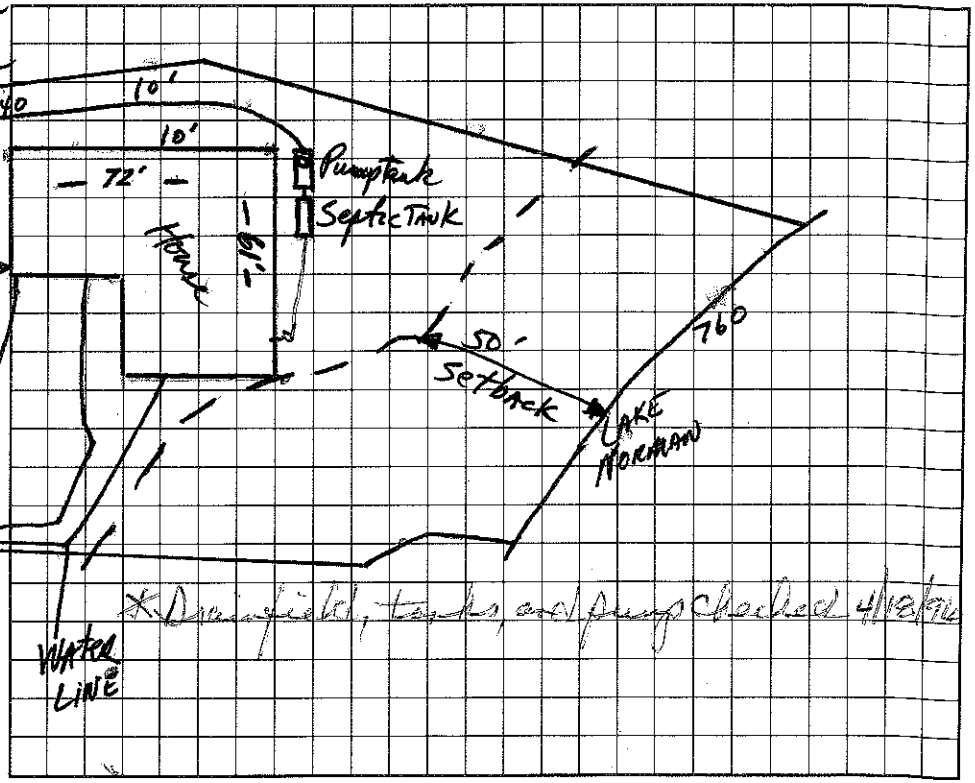
Comments: PARTIAL This permit replaces permit issued (CRI) Dec 94. House under construction, Owner desired option to LPP initially.

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH



*Drainfield, tanks, and pump checked 4/18/96

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.

Signed: Larry Sigmon

Improvement Permit by: Dave Johnson, RS date 12/12/95

Existing System Inspection by: Dave Johnson, RS date 12/12/95

Installed by: Donald Hardesty

Certificate of Completion by: _____ date _____

Operation Permit by: C. Brady Thorn EHSI date 5/15/96

to construct

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