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. 18877 DATE Aug 30, '95 TAX MAP NO. part of 2SA51 4639132556 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Don Robbins Scott Eckhold PHONE: Business _____ Home _____ WS4

ADDRESS _____

LOCATION Fern Hill Road TR Bullfinch on left

SUBDIVISION Beacon Pointe BLOCK / SECTION _____ LOT 20 LOT AREA .95 Ac SITE CLASS. P-Soil/Site DESIGN FLOW 360 gpd L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 3012 Date 3/29/96

Pump Tank: 1000 Gallons; PT 7 Date 1/26/96

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet ~240

No Lines 5 @ ~60' Trench Width 24"-36" Max Trench Bottom Depth ~28" Gravel Depth 24" Stone

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

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

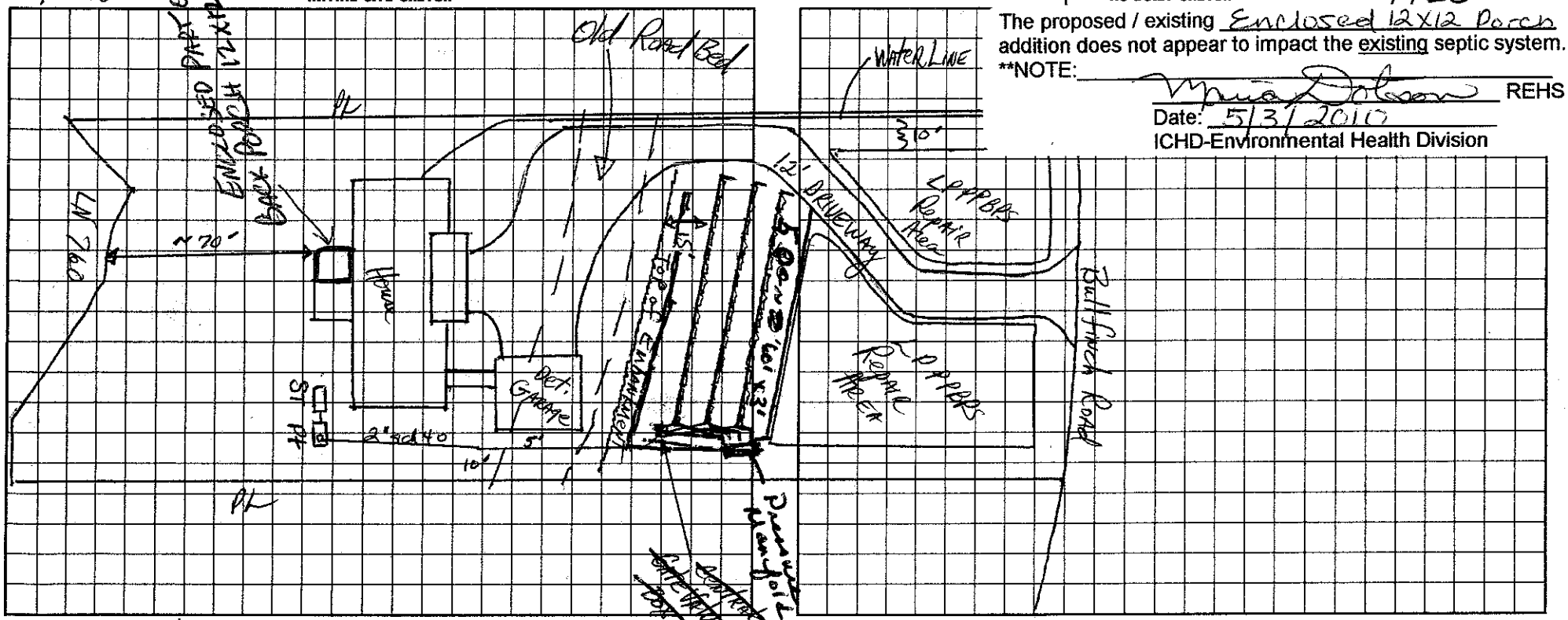
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Pressure Manifold required 4" Sch 80 PVC in May change to Ch. Up Leach with sand back fill 60 bed + 15" from top tank - Maintain berm above upslope trench. AWS -

Comments: 80 Changed to Chambered System
90 approved by Wesley Sparks, 360'
78 North Carolina State Building Code (105.4)
50 Everything but electrical finaled
308 6/3/96

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing Enclosed 12X12 Porch addition does not appear to impact the existing septic system.

**NOTE: _____ REHS

Date: 5/3/2010

ICHD-Environmental Health Division

I understand that this permit can be suspended or revoked if any false information is supplied toward securing this permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system.

Signed: _____

Improvement Permit by: _____ date 8/30/95

Existing System Inspection by: _____ date _____

Installed by: Richard Abernathy

Certificate of Completion by: _____ date _____

Operation Permit by: _____ EHS date 6/11/96

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