IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPEC...N

PROPERTY DESCRIPTION NO. 18519 DATE Aug 2, 194 TAX MAP NO. 2A7A4 4644-47-0431 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Arden Drove PHONE: Business _____ Home _____ LN

ADDRESS 9333 Cedar River Rd, Huntersville

LOCATION Langtree Rd. TC Mecklenburg Attend Gene Rt into West Paces on left in Cul D Sac

SUBDIVISION West Paces BLOCK / SECTION _____ LOT 4 LOT AREA 20,000 ft² + SITE CLASS. 15psi 1986 DESIGN FLOW 480 gpd L.T.A.R. .125-.3

Septic Tank: 1000 Gallons; STB STB-794 Date 3/6/95

Pump Tank: 6000 Gallons; PT 270 Delta Date 3/7/95

Pump Make: Cavalier Model WE0712H Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 270

No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

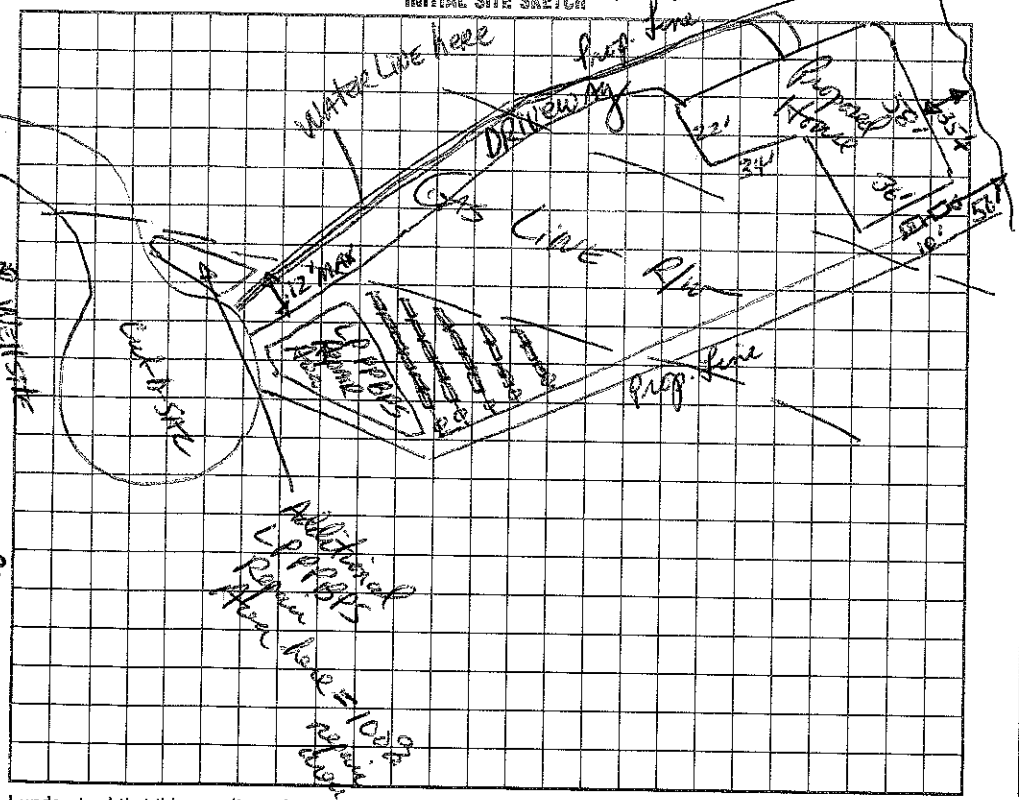
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Sewer easement (recorded copy) to be provided to this department prior to issuance of O.P. 62 panels total, one 3/16" hole per panel; 2' pressure head - Pump specs: 37 gal/min @ approx 20' head

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown
in 2 Lines @ 70'
1 Line @ 60'
1 Line @ 50'
1 Line @ 20'

Lines, Tank, Pressure Alarm Test OK by KS 4/13/95

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: _____, RS date 8/2/94

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____, RS date 5/25/95

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