IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (2:00) 4645234174 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 19664 DATE Oct 31, '95 TAX MAP NO. 2612B15

OWNER OR CONTRACTOR Patrick & Kim Welch PHONE: Business _____ Home _____ Watershed: ☐ Yes ☐ No

ADDRESS 20220 Knox Rd. Davidson

LOCATION Langtree Rd. TR Yeoman Lane TR Bain Lane on Right @ curve

SUBDIVISION Yeoman Shores BLOCK / SECTION _____ LOT 15 LOT AREA ± 1½ Ac SITE CLASS. PSpa. 1996 DESIGN FLOW 360 gpd L.T.A.R. ~1.3

Septic Tank: 1000 Gallons; STB 1012 Date 11/16/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity Infiltrator

Repair System Description: grant of pumped INF.

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

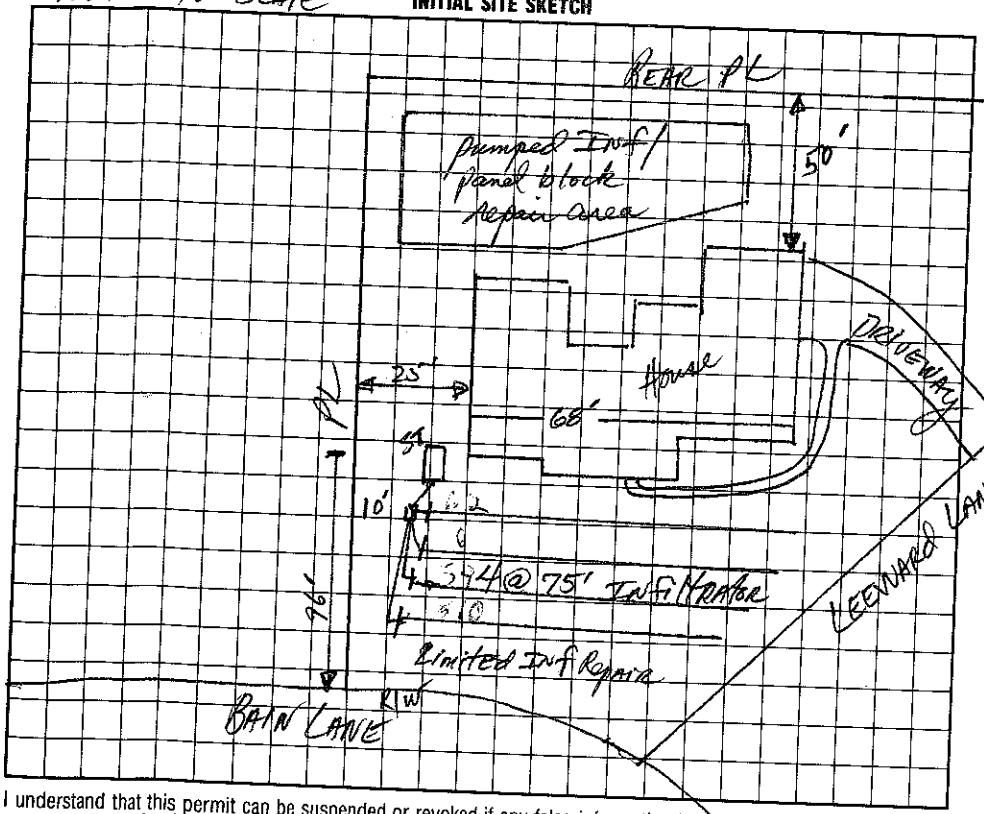
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

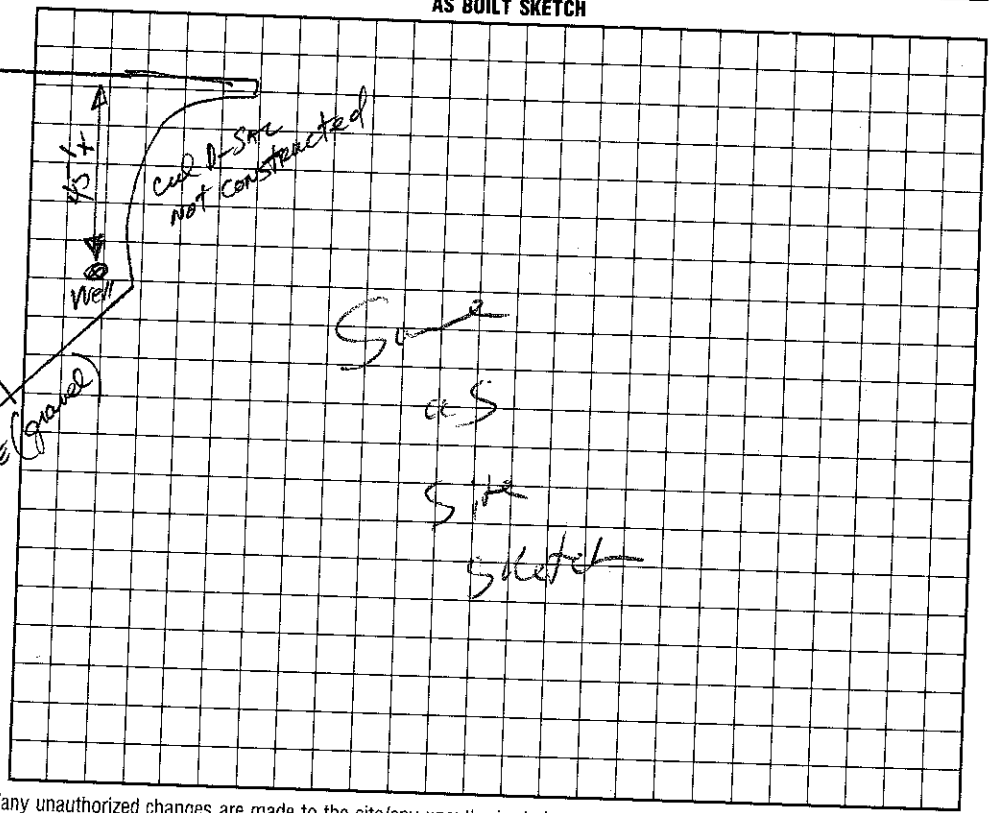
Comments:

Not to scale

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.

Signed: ☆ Kim Welch

Improvement Permit by: _____, RS date 10/31/95

Existing System Inspection by: _____, RS date 10/31/95

Path to Compliance

Installed by: ABERNATHY

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 3/6/97

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