IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT

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

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

PROPERTY DESCRIPTION NO. 25288 DATE 10/21/96 TAX MAP NO. 2H-11-A-106 4645 25 3536 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR RON SHERRILL PHONE: Business 892-6068 Home

ADDRESS 869 SOUTHWEST DR DAVIDSON NC 28036

LOCATION TEMPLETON RD - TL HARWELL DR - TR QUEENS COVERD - ON LEFT

SUBDIVISION QUEEN'S COVE BLOCK / SECTION 3 LOT 106 LOT AREA SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .30 PD/FT²

Septic Tank: 1000 Gallons; STB 744 Date 8/1/97
Pump Tank: 1000 Gallons; PT 27 Date 9/8/97
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 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: PUMP CHAMBERED
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

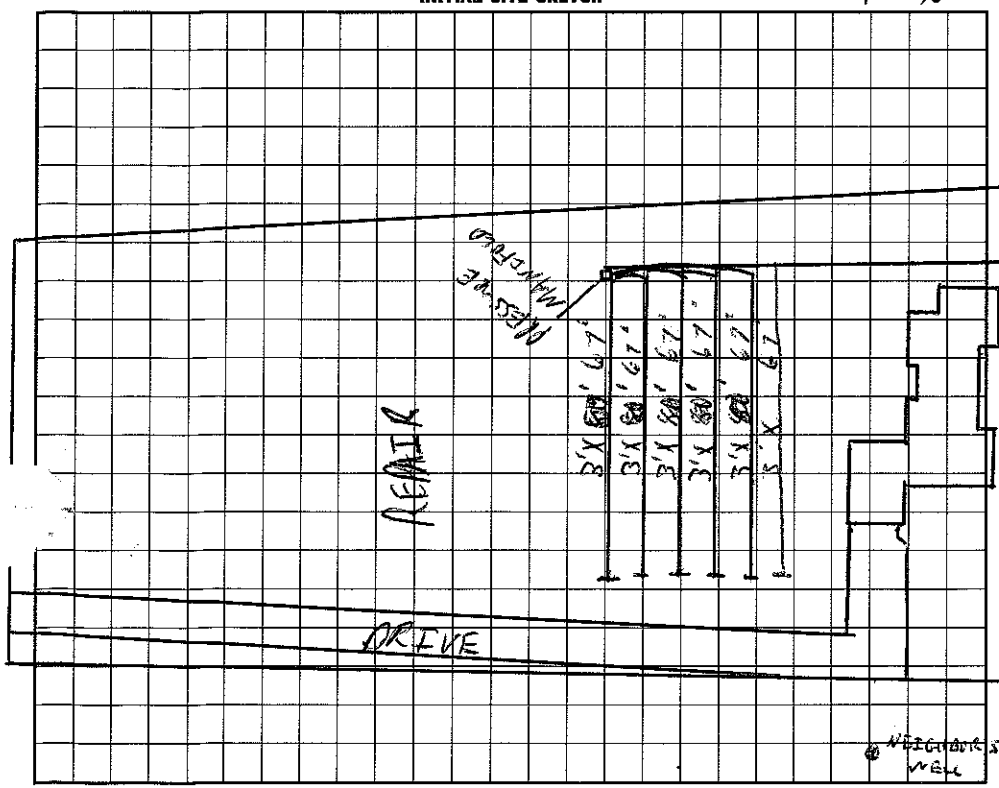
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Community
☐ Public

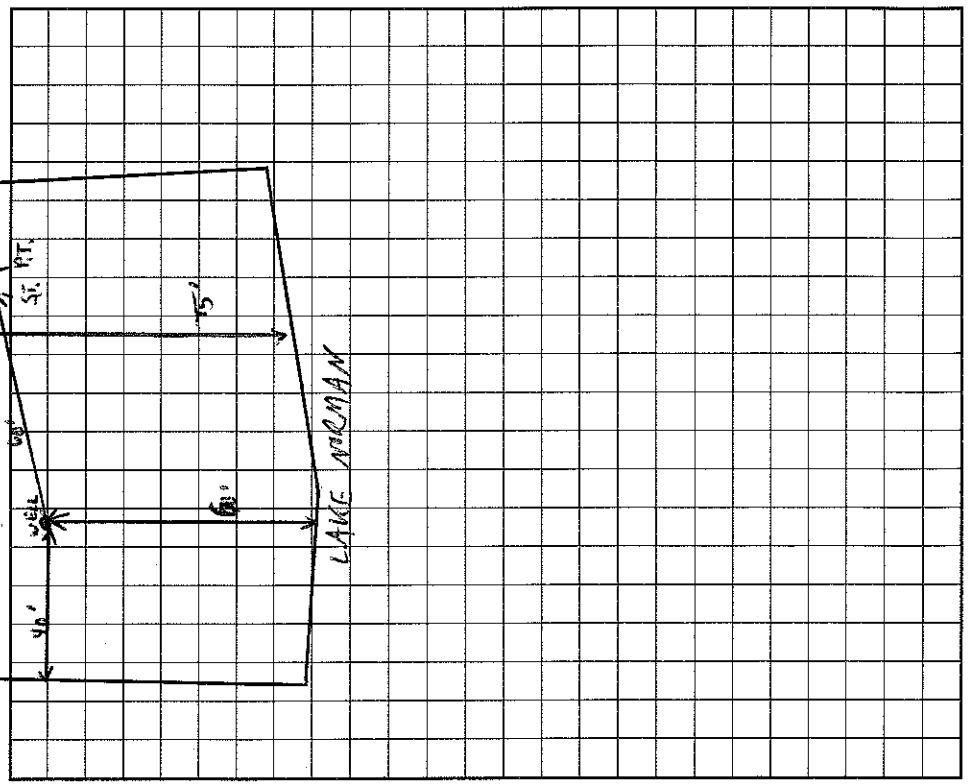
Comments:

Comments: LINES leveled
Pressure checked

INITIAL SITE SKETCH 1"=50'



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: Ron Sherrill

Improvement Permit by: C. Ray Stone EHSF date 10/21/96

AUTHORIZATION TO CONSTRUCT Existing System Inspection by: C. Ray Stone EHSF date 10/21/96

Installed by: FJ ERVIN

Certificate of Completion by: Wesley Sparks RS. date 12/5/97

Operation Permit by: Wesley Sparks RS date 12/5/97

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

