IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4646-04-3733

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

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

PROPERTY DESCRIPTION NO. 11067 DATE August 4, 93 TAX MAP NO. 2K3A50

OWNER OR CONTRACTOR Janice Swaim PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 1100 TL 1179 TL 2nd Wood Duck Loop TR Crystal Circle on Rt across from jct w/ Topaz

SUBDIVISION Crystal Bay BLOCK / SECTION _____ LOT 50 LOT AREA ~20,000 ft² SITE CLASS. BS E.T.A.R. 1.3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 794 Date 6-14-93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Trench Depth 18-20"* Gravel Depth ~~12"~~ 12"

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

System Description: gravity Conventional

Repair System Description: for PPBPS (Type 3)

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2-3 No. Employees _____

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

Garbage Disposal: ☐ Yes ☑ No

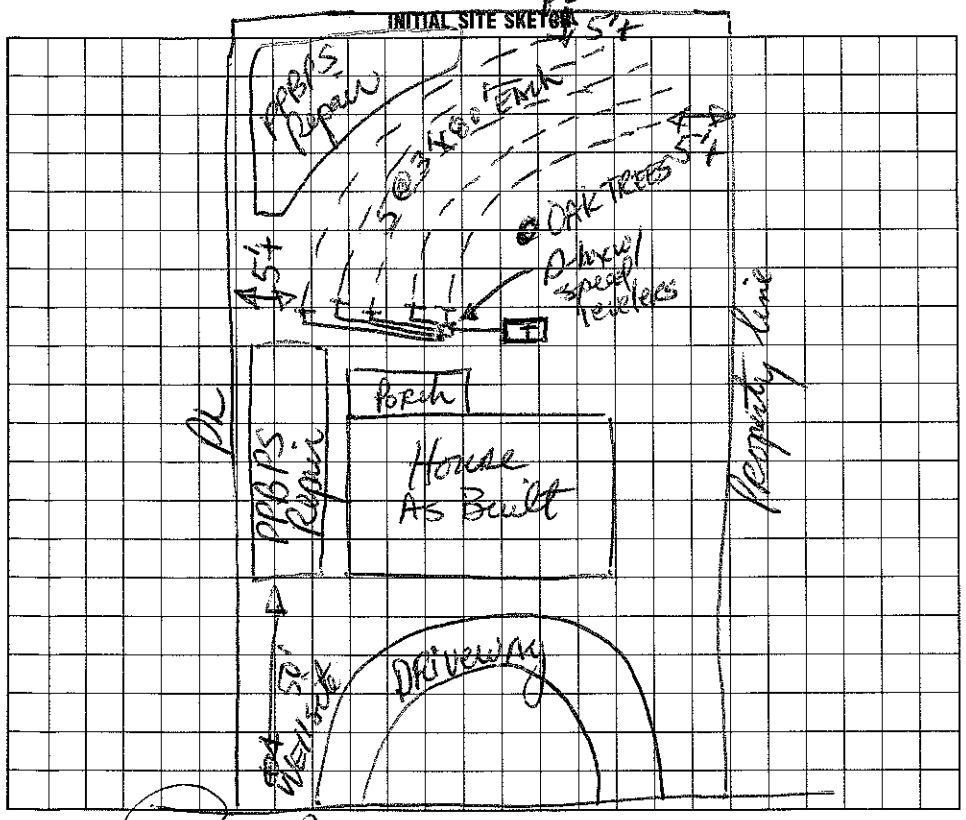
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

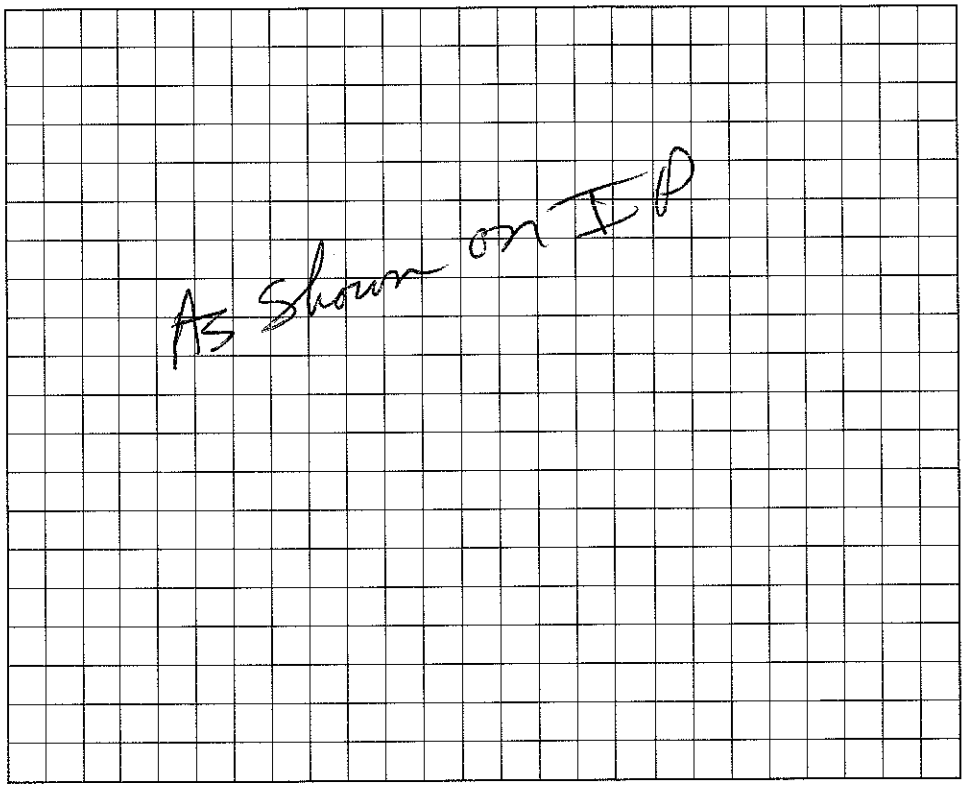
Other _____

Comments * SJ Contractor Note trench bottom depth. Some PPBPS repair area also to be left Above initial septic installation. This permit replaces one issued 4/5/93.

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. Improvement Permit is valid for 60 months from date of issuance.

Signed _____

Improvement Permit by: [signature] RS date 8/4/93

Existing System Inspection by: _____ date _____

Installed by: Bob Haywood

Certificate of Completion by: [signature] RS date 8/5/93

Operation Permit by: _____ date _____

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