IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 4646063553 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 21792 DATE Aug 2, '95 TAX MAP NO. 2K 18A 21 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR John Teixeira PHONE: Business _____ Home _____ W54

ADDRESS 329 Silversmith Ln, Charlotte

LOCATION Brawley School Rd. TL Canvasback TL Turnberry at end on Right

SUBDIVISION St. Andrews Village BLOCK / SECTION _____ LOT 21 LOT AREA ~ 123'x 207' SITE CLASS. RS DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1012 Date 9/30/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: pumped conv/124

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

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

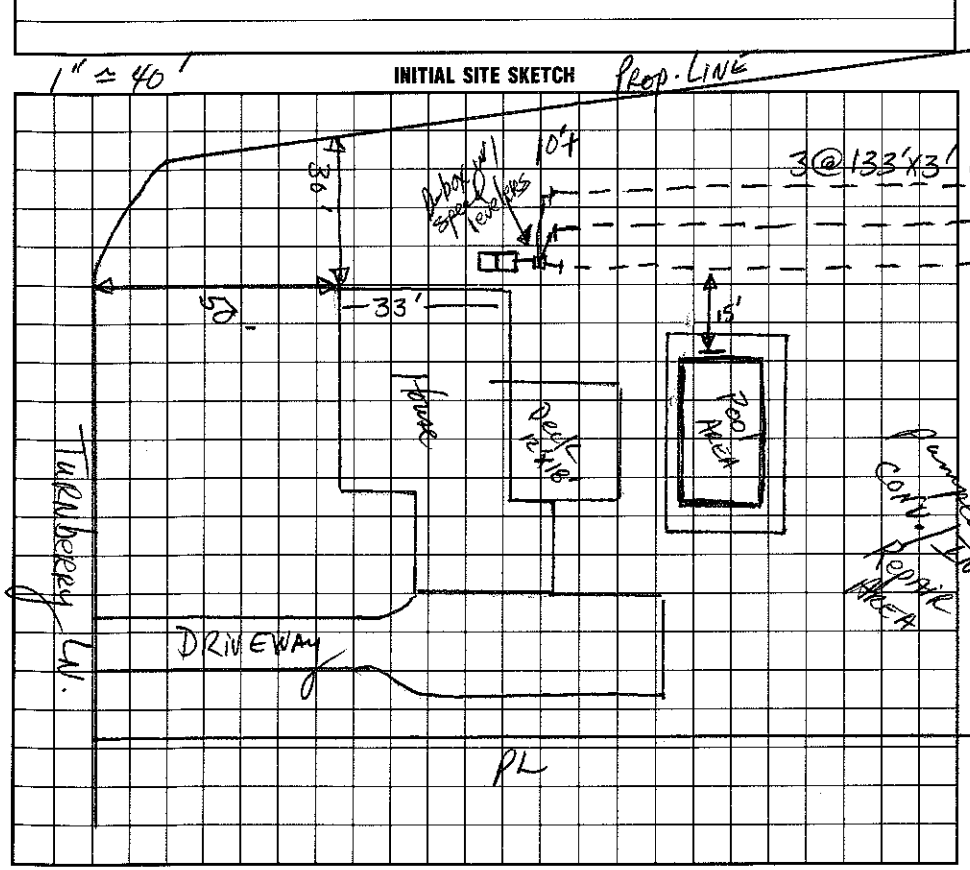
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments:

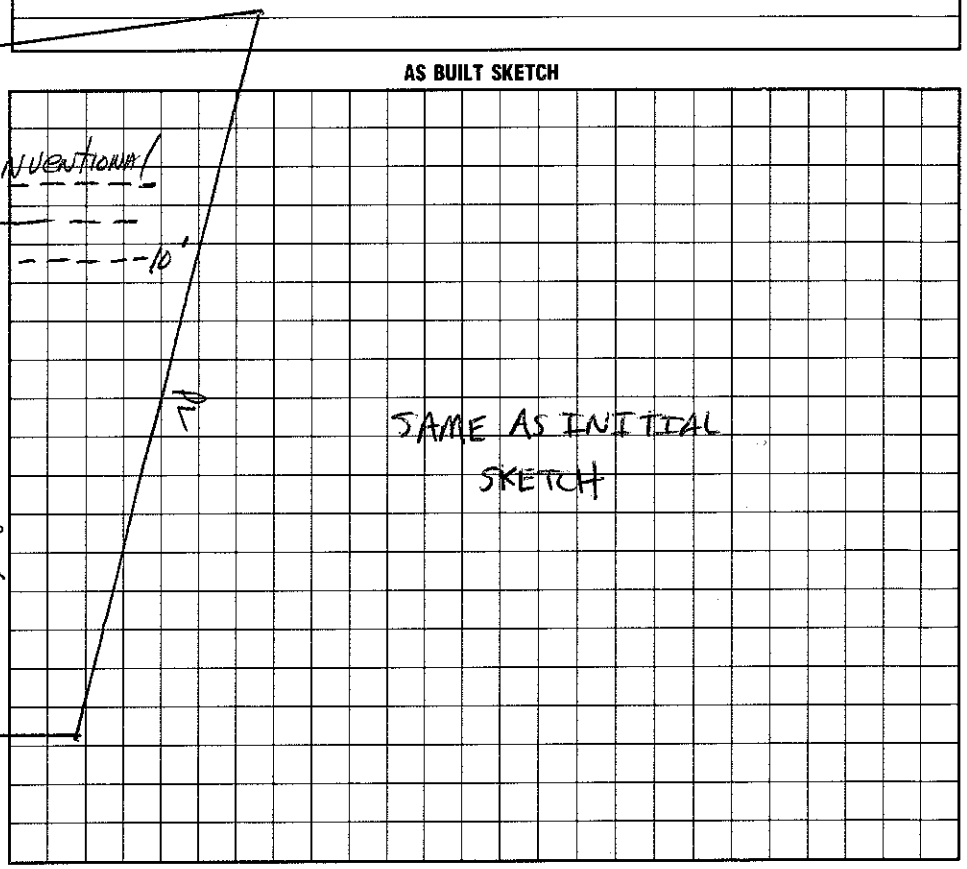
Comments:

1" = 40'

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: [signature]

Improvement Permit by: [signature] RS date 8-2-95

Existing System Inspection by: _____ date _____

Installed by: Richard Abernathy

Certificate of Completion by: _____ date _____

Operation Permit by: [signature] date 12-29-95

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