IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 18915 DATE Oct-30,'95 TAX MAP NO. 2K-1A-6 4646-17-7324 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Jerry Santoro PHONE: Business _____ Home 892-7433 WS4

ADDRESS 920 Southcrest Dr., Davidson

LOCATION Williamson Rd. Turn on Sundown on left near end

SUBDIVISION Atwell Subd. BLOCK / SECTION _____ LOT 6 LOT AREA 1.2Ac lot + 11375ft² sewer easement SITE CLASS. PS per 1996 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Dellinger Date 8-2-95

Pump Tank: 1000 Gallons; PT 27 Dellinger Date 10-12-95

Pump Make: Gould Model WE05111H Serial No. M9522171

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: pumped/gravity/conventional

Repair System Description: LPpanel or gravity/INF

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4/4

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

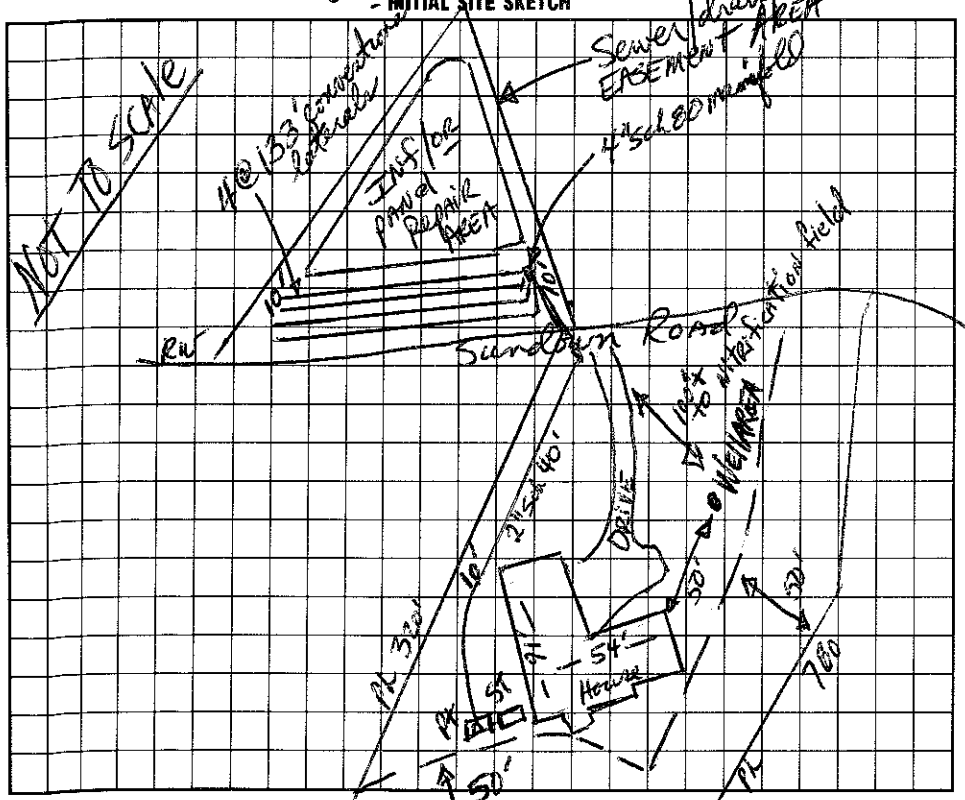
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Sleeve for supply line under Sundown Rd to meet specified DOT requirements. Well location must meet 2C Well Construction Standards! Pre-installation conference recommended.

Comments: House reduced to 3 bedroom capacity - Drainfield can be reduced to 400' total 11-22-95 DRS / Tanks OK-11-22-95 DRS

INITIAL SITE SKETCH



AS BUILT SKETCH

4-6 — 4-9

5-1 — 5-3

6-1.5 — 6-3

6-9 — 6-9.5

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: Jerry Santoro NO CHANGES MADE 11/6/95 Installed by: Little Hawkins

Improvement Permit by: DR Garrison, RS date 10-30-95 Certificate of Completion by: _____ date _____

Existing System Inspection by: DR Garrison, RS date 10/30/95 Operation Permit by: Wesley Sparks RS. date 6/4/96

Authority to Construct

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