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. 1928 DATE Oct 24 '94 TAX MAP NO. 269A 16 4646-22-0467 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Michael Metzler PHONE: Business _____ Home W

ADDRESS _____

LOCATION 215 X I77 TL Alcove TR Catalina TR Maliba on Rt near end.

SUBDIVISION Back Forty BLOCK / SECTION _____ LOT 16 LOT AREA ~100' X 255 SITE CLASS. Bpa 1956 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: Ex. or 1000 Gallons; STB 794 Dellinger Date 11-1-94

Pump Tank: 1000 Gallons; PT 27 Dellinger Date 12-27-94

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth 28" Gravel Depth NA

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

System Description: LPPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

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

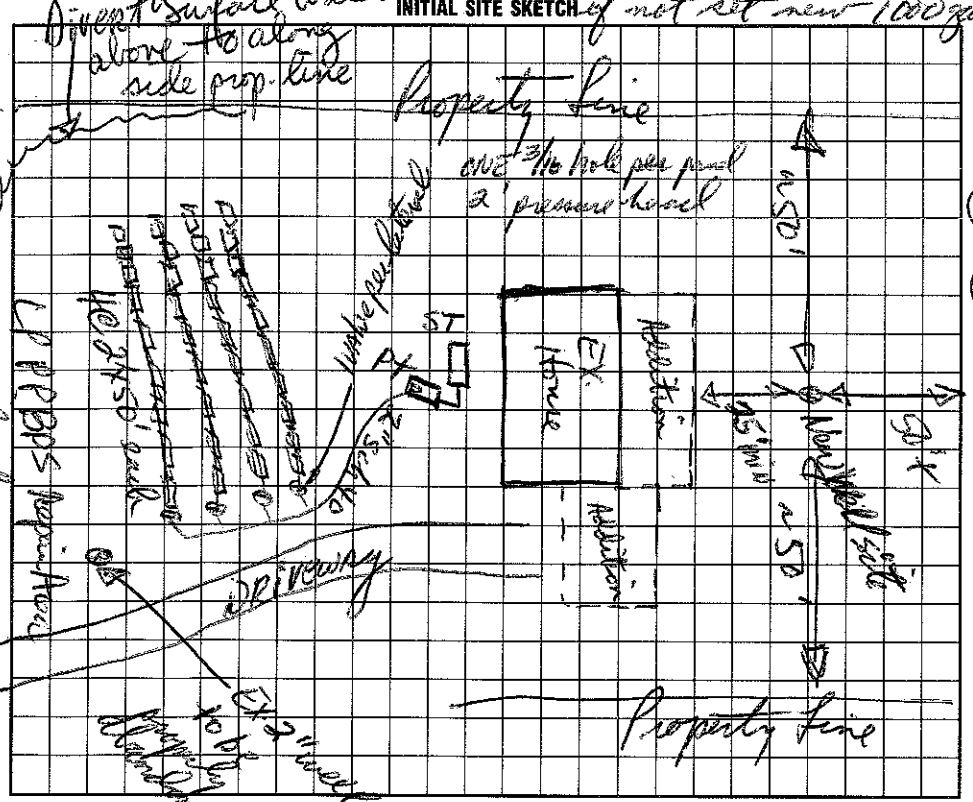
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Existing 2" well to be properly abandoned w/ HD representative on site. Disconnect old drainfield and direct flow to pt. Existing ST to be uncovered & pumped out. If ST is watertight & sound it can be used, if not set new 1000 gal ST.

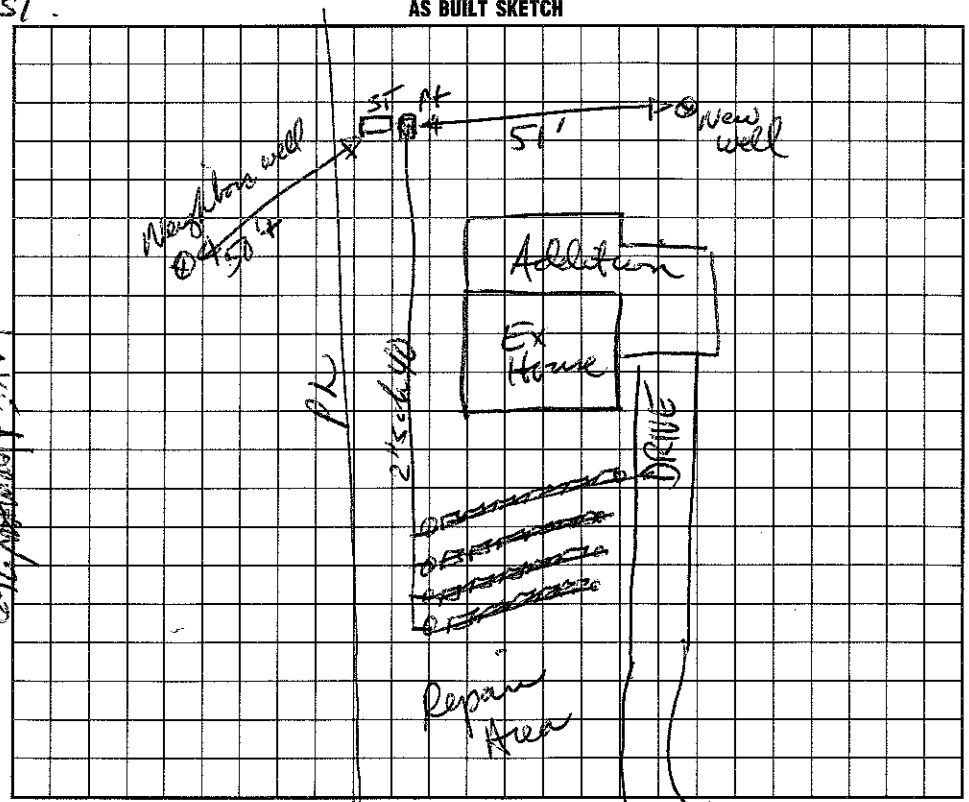
Comments: Pump Spec: 28 gal/min @ approx 20' head Lakeside Addition to have basement

LAKE

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: _____ date 10/24/94

Existing System Inspection by: _____ date _____

Installed by: Barry Thompson

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 3-1-95

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