IREDELL COUNTY HEALTH DEPARTMENT

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

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 2=

PROPERTY DESCRIPTION NO. 20676 DATE 9/4/97 TAX MAP NO. 2K B27 Pt of

OWNER OR CONTRACTOR CW Brewer

ADDRESS P.O. Box 69 Mt Mourne, NC 28123 PHONE: Business 663-4669 ~~Home~~ 4644-26-4613 Watershed: ☒ Yes ☐ No

LOCATION Williamson Rd TR on Shoreview Dr. off Sundown Rd TL on Sunhaven Ct to end of cul-de-sac

SUBDIVISION Lake Vista BLOCK / SECTION 1 LOT 15 LOT AREA .74 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/26/97

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 4 at 100 Trench Width 36" Max Trench Bottom Depth 34" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Grav. - Plastic Chamber or Sim

Repair System Description: Grav. - Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees ______

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

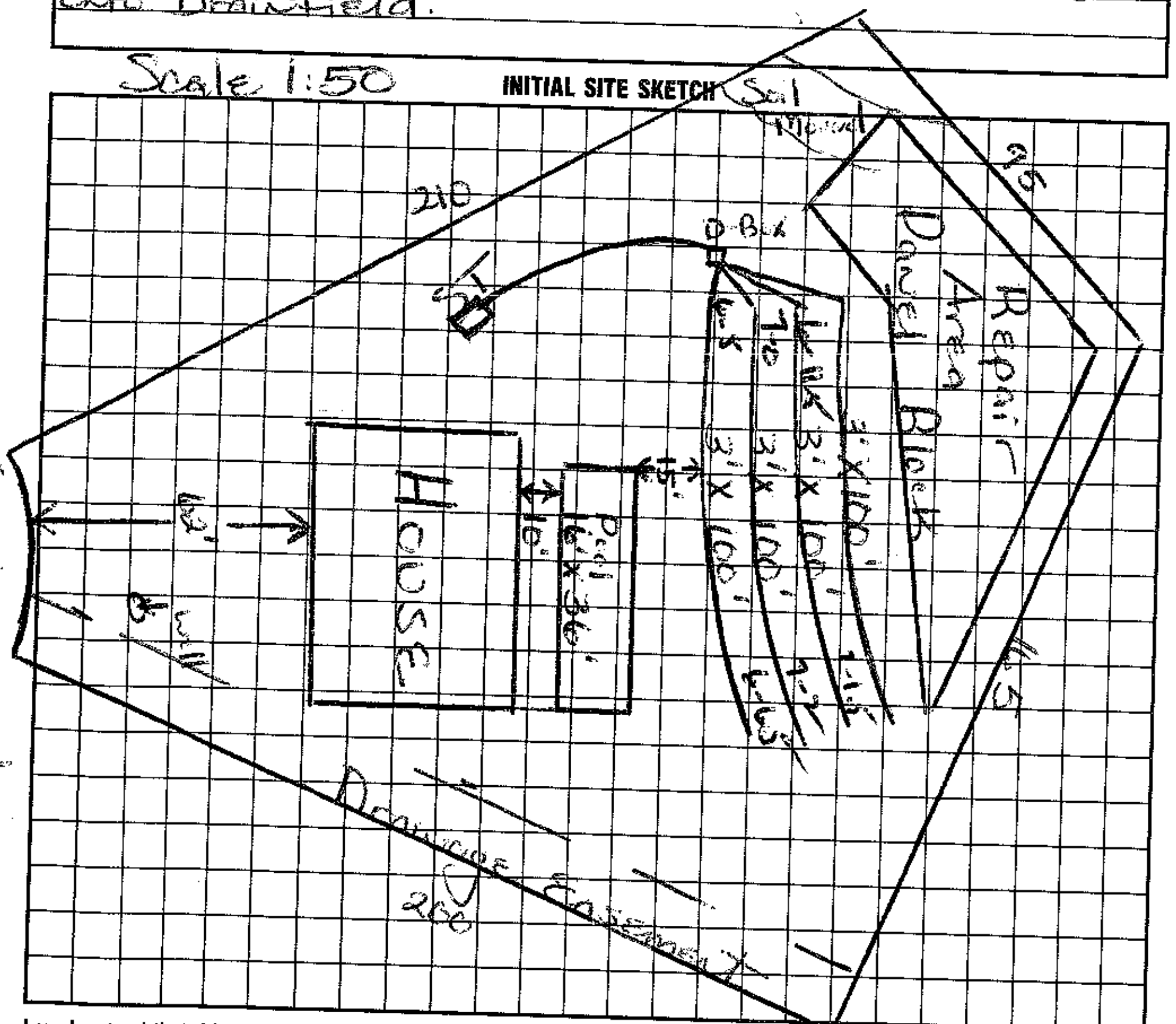
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: *Entire Soil Mound must be removed to prevent excessive surface water run-off onto Drainfield.

Comments: Installed in 3 lines instead of 4

Scale 1:50

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: CW Brewer

Improvement Permit by: Maria H. H. Dotson date 9/4/97

~~Existing System Inspection~~ by: Maria H. H. Dotson date 9/4/97

Construct Auth.

Installed by: Richard Abernathy

Certificate of Completion by: Wesley Sparks RS. date 10/7/97

Operation Permit by: Wesley Sparks RS. date 10/7/97

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