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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. 18899 DATE June 12, 95 TAX MAP NO. 2k 24A 8 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Barbara Nall PHONE: Business _____ Home _____ WS4

ADDRESS Rt 7 Box 768 Sunborn Rd, Mrsv.

LOCATION Williamson Road TR Sunborn Rd. round 2nd curve on Right

SUBDIVISION Mary Knox Atwell BLOCK / SECTION _____ LOT 8 LOT AREA 2.05 Ac SITE CLASS. PS perk/ps DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB T&T Rollanza Date 5-12-95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~960~~ 1200 Linear Feet ~~300~~ 400

No Lines 5 @ 60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: gravity ~~Extralator~~ CONV.

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

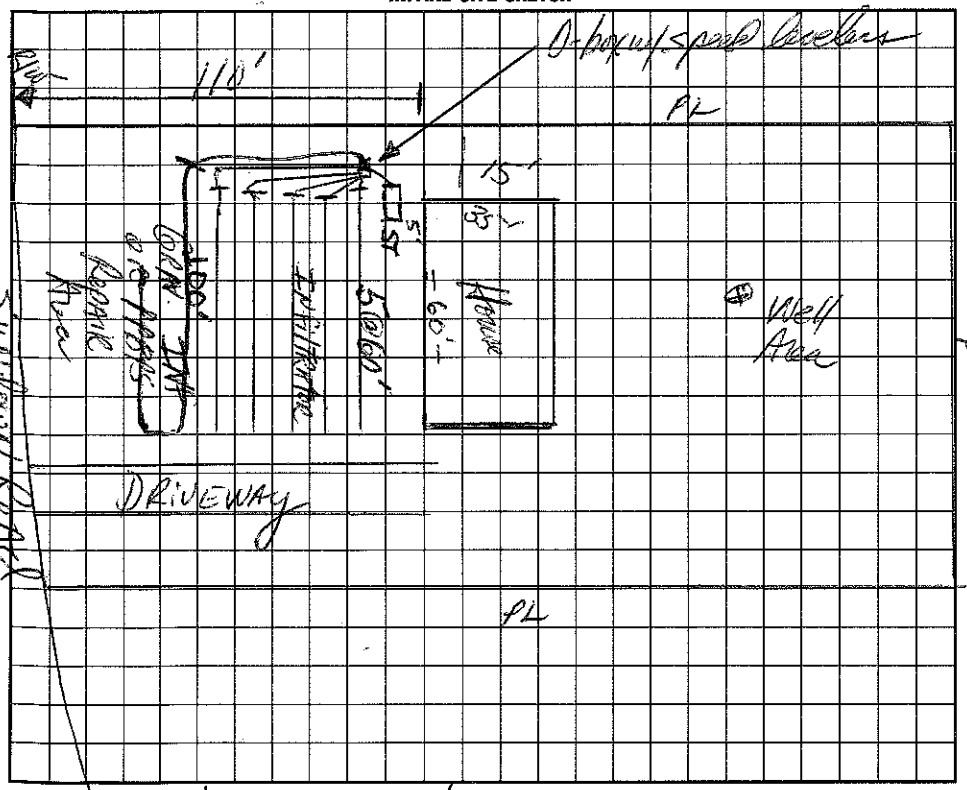
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: ST contractor made mistake on system type and installed conventional field. An extra 100' was added. Installed separation for gravity flow below initial field; however, 100' repair area at rear of lot (pumped).

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: _____ Installed by: Jerry Tucker

Improvement Permit by: _____ date 6-12-95 Certificate of Completion by: _____ date 7-27-95

Existing System Inspection by: _____ date _____ Operation Permit by: _____ date _____

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