COUNTY HEALTH DEPARTMENT
MENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

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

4646 27 2335

RIPTION NO. 10692 DATE 1/23/95 TAX MAP NO. 2K B Pt of 24 Watershed: ☐ Yes ☒ No

ITRACTOR Genesis Developers LTD PHONE: Business 478-2952 Home 4

PO Box 44 Stanfield, NC 28673

LOCATION Sunderson Rd, near end on (R)

SUBDIVISION Lake Vista BLOCK / SECTION LOT 28 LOT AREA .72 Ac SITE CLASS PS DESIGN FLOW ~~480~~ 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 781 Date 3/20/96

Pump Tank: 1000 Gallons; PT 32 Date 2/15/96

Pump Make: Liberty Model LE51A Serial No. 1966

Nitrification Field: No Fields 1 Square Feet 1377 Linear Feet ~~342~~ 324

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: ~~FNEILTRATOR~~ - Pump

Repair System Description: PANEL - PRESSURE

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

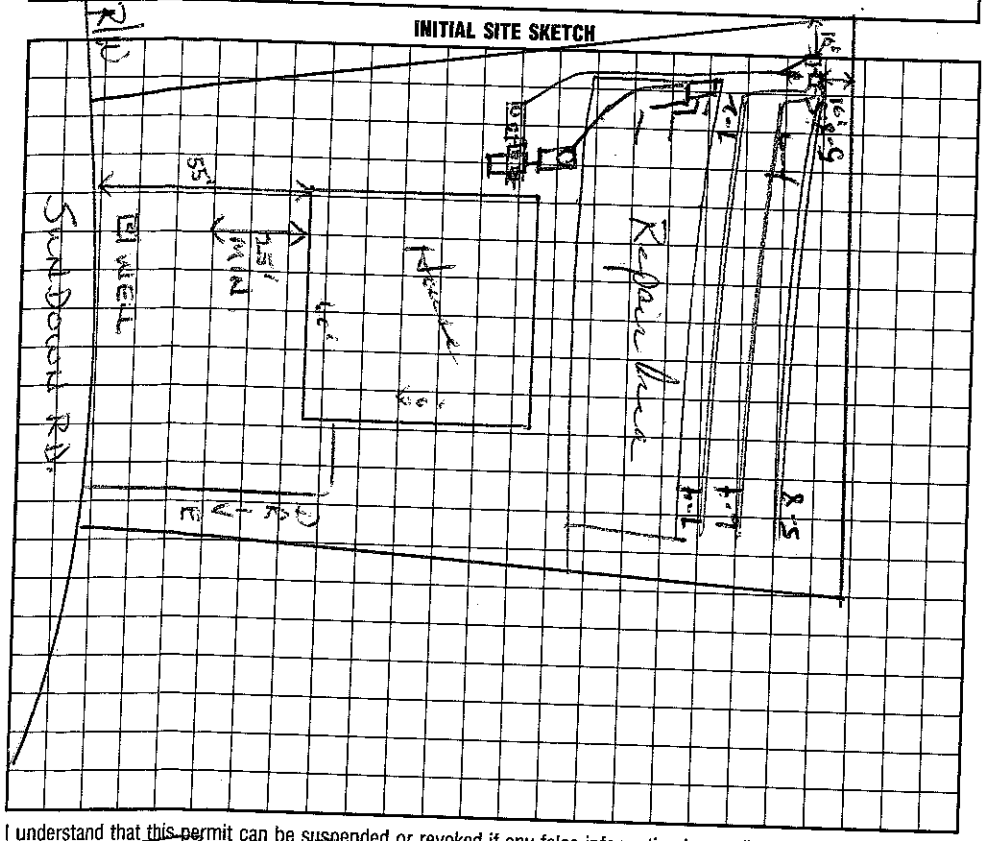
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: ~~+~~ .25 Reduction for infiltrator system
Washer Box w/ Ball Valve inside before Dist Box

Comments:
5/8/96 - Changed to 3 Holes + 3/2" Connection to Pressure Panel.
4.5 inch downturn. Hose 30° ~~+~~

(118 .66)

INITIAL SITE SKETCH



AS BUILT SKETCH

Need to operate pump, adjust pressure and float. Need electrical hard wired to NEMA 4 x box.

Installed as shown.

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: [signature]

Improvement Permit by: Wesley Sparks R.S. date 1/27/95

Existing System Inspection by: _____ date _____

Installed by: Finger Landscape

Certificate of Completion by: Wesley Sparks R.S. date 6/7/96

Operation Permit by: Wesley Sparks R.S. date 6/5/96

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