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. 19815 DATE 1/11/95 TAX MAP NO. 2P-0-A-22-4648-32-4420 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR John Sims PHONE: Business _____ Home 754-3356

ADDRESS 2925 Holly Ln. Englewood, N.Y. 13744

LOCATION Cherokee Dr., Big Chief Trail TL on Cherokee Dr. bottom hill on L 131 Cherokee Dr.

SUBDIVISION Beaufort Bay BLOCK / SECTION _____ LOT 22 LOT AREA .43 AC SITE CLASS. AU3 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 794 Date 1/3/95

Pump Tank: 1000 Gallons; PT ~~497~~ 27 Date 2/8/95

Pump Make: _____ Model _____ Serial No. 300

Nitrification Field: No Fields 1 Square Feet ~~1200~~ 1200 Linear Feet ~~360~~

No Lines ~~5 of 5~~ Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth 6" SAND

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

System Description: LIPAIST - PANEL

Repair System Description: _____

Maintenance Agreement Required: ☑ Yes ☐ No AWS

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

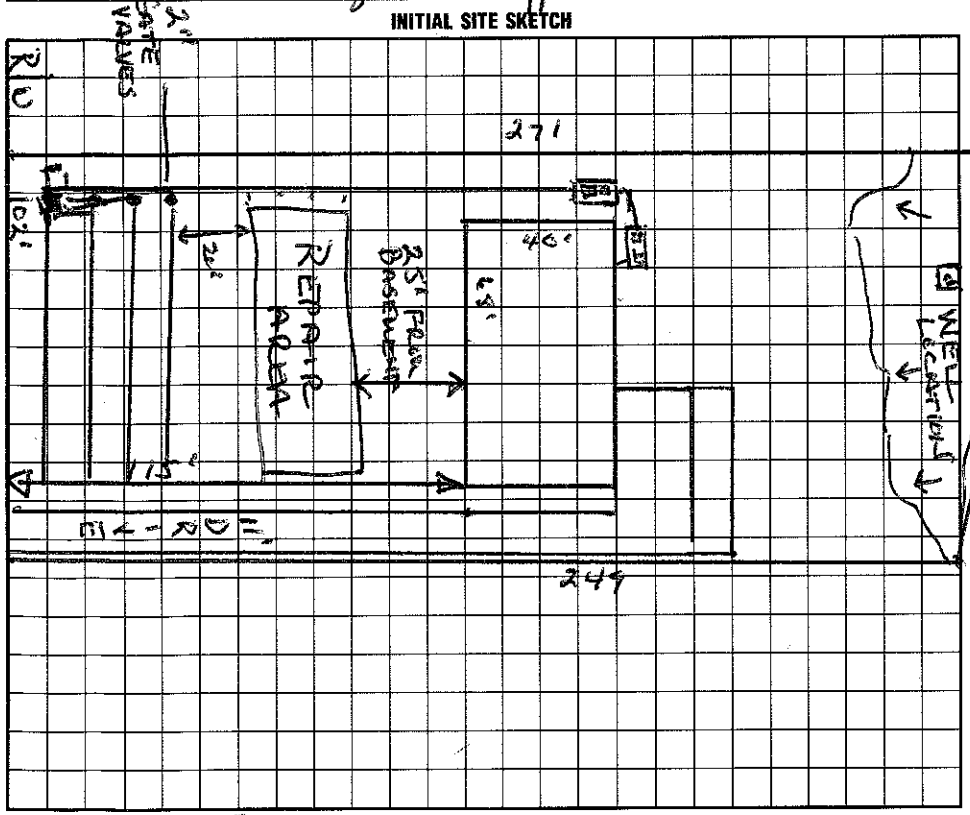
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Changed to 360' of elevated trench of Dist Box w/ Spud Labels. - AWS

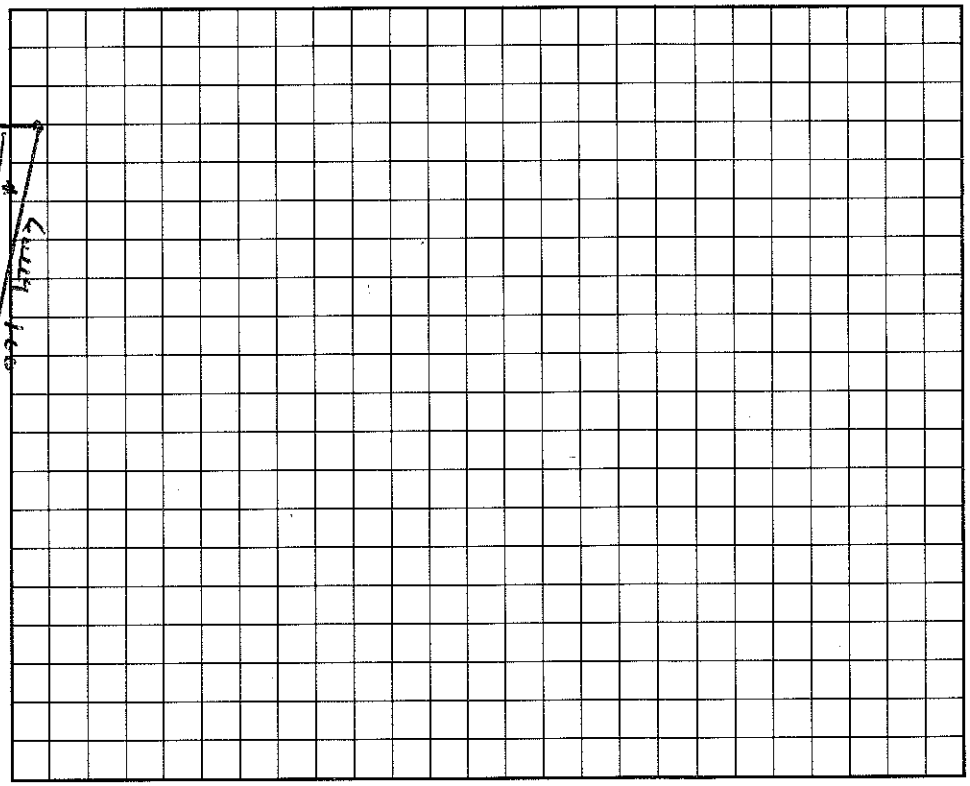
Changed to type 3 installation

Comments: 8/8/95 - Drainfield, Pump, Dist Box, ok'd AWS

INITIAL SITE SKETCH



AS BUILT SKETCH



CHEROKEE DR.

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: Matt Smith

Improvement Permit by: Wesley Sparks RS. date 1/11/95

Existing System Inspection by: _____ date _____

Installed by: Ray Beam

Certificate of Completion by: Wesley Sparks RS. date 8/11/95

Operation Permit by: _____ date _____

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