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. 20944 DATE 5/22/95 TAX MAP NO. 3F 6 A 8 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Stephanie Turner PHONE: Business Home 871-8132

ADDRESS 102 Lachey Drive Statesville, NC. 28115 4619-28-4193

LOCATION Jerrywinkle Circle (L) off Curlee Rd. to 2nd on (R)

SUBDIVISION NL King Acres BLOCK / SECTION LOT 8 LOT AREA ~20,000 FT² SITE CLASS. P DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 5/11/95

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~210~~

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: Gravity - Infiltrator

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees

☐ Other

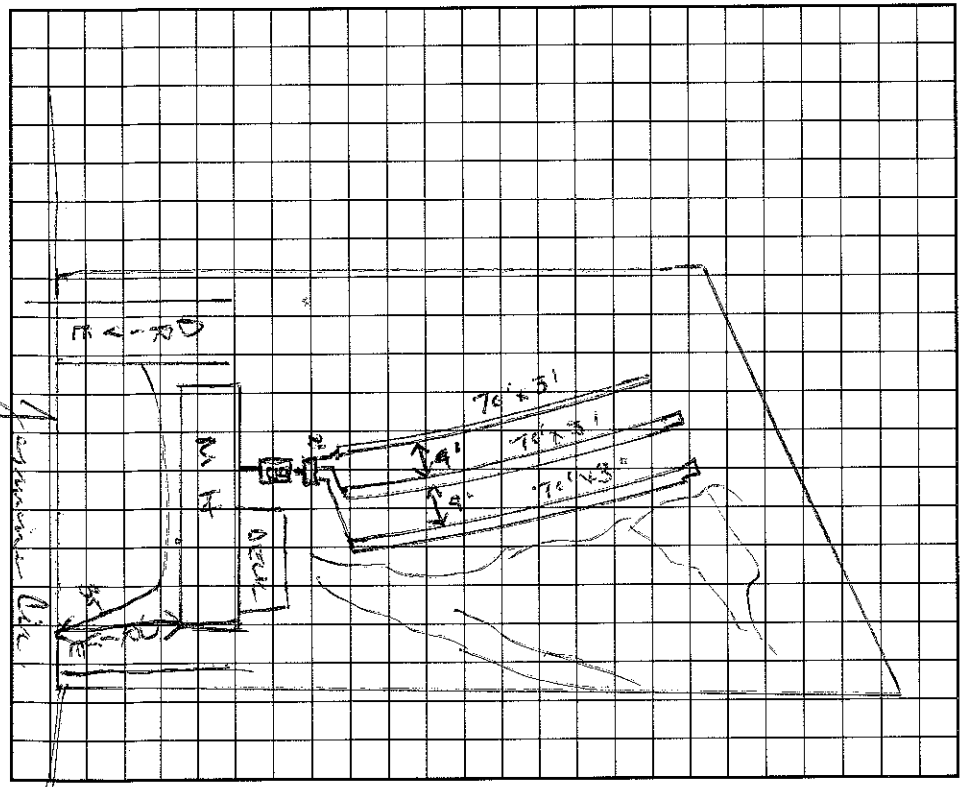
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☐ Public

Comments: + Infiltrator = .25 reduction

Comments: Installed as shown.

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: Harry L. Turner III

Improvement Permit by: Wesley Sparks R.S. date 5/22/95

Existing System Inspection by: date

Installed by: Wayne Shontag

Certificate of Completion by: Wesley Sparks R.S. date 6/14/95

Operation Permit by: date

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