# 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. 18135 DATE 4/5/94 TAX MAP NO. 3F-6-A-3+4 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Verlene Tucker PHONE: Business _____ Home 391-1382

ADDRESS 9040 St. Paul St. Charlotte, NC. 28216

LOCATION (1417) Jasmine Cir off Carlyle Rd to 2nd trailer on (R)

SUBDIVISION MVL. Acres BLOCK / SECTION _____ LOT 3+4 LOT AREA 200' x 200' SITE CLASS. P DESIGN FLOW 360 L.T.A.R. 2.25

Septic Tank: 1000 Gallons; STB BT 825 Date 4-12-94

Pump Tank: NA Gallons; PT _____ Date _____

Pump Make: NA Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 Trench Width 3 Max Trench Bottom Depth 32" Gravel Depth _____

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

System Description: CONV - DROP BOXES

Repair System Description: PRESS PANEL

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 PROPOSED

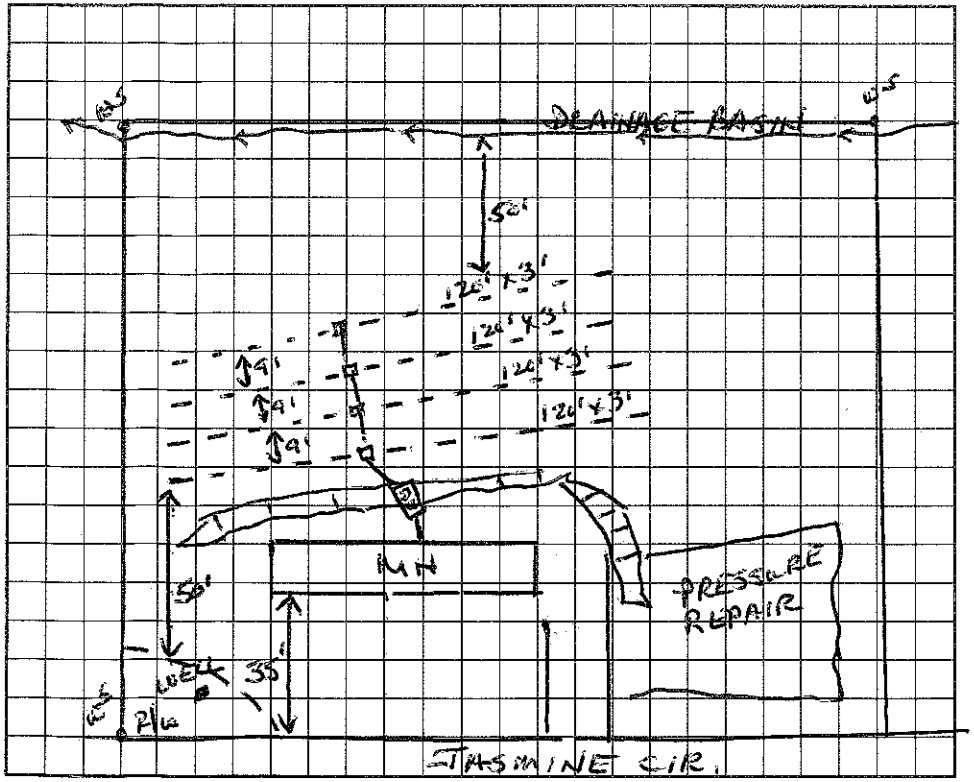
Comments:

Contour lines tricky - follow closely

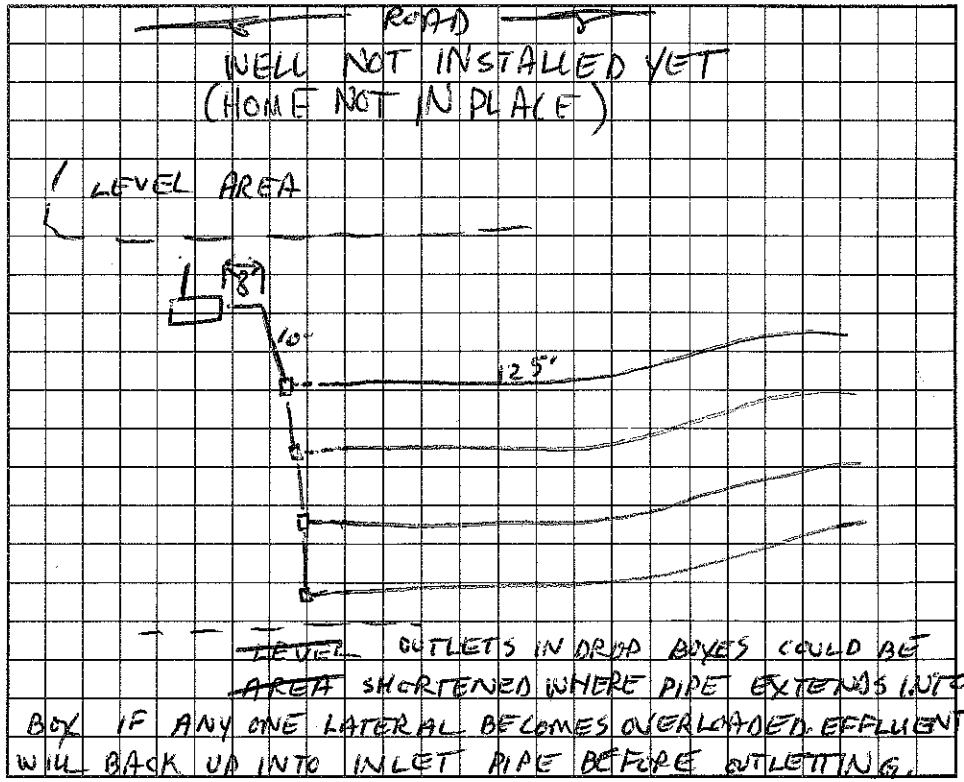
Very weak - Sticky soil

Comments:

INITIAL SITE SKETCH




AS BUILT SKETCH




~~LEVEL~~ OUTLETS IN DROP BOXES COULD BE ~~AREA~~ SHORTENED WHERE PIPE EXTENDS INTO BOX IF ANY ONE LATERAL BECOMES OVERLOADED, EFFLUENT WILL BACK UP INTO INLET PIPE BEFORE OUTLETTING.

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: _____

Improvement Permit by: Wesley Sparkes date 4/5/94

Existing System Inspection by: _____ date _____

Installed by: Tim Ammons

Certificate of Completion by: Andrea Lemon date 5-20-94

Operation Permit by: _____ date _____

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