IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25820 DATE 1/21/97 TAX MAP NO. 1C-9-4-21 Watershed: ☐ Yes ☑ ~~No~~

OWNER OR CONTRACTOR DOUG NELSON PHONE: Business _____ Home 892-5011 - 948-4275

ADDRESS 12714 SULGRAVE DR HUNTERSVILLE

LOCATION 1155 - TL FAITH RD. TR MIDWAY LAKE RD - TL BERACAH - 1000' ON LT

SUBDIVISION BERACAH DALE BLOCK / SECTION _____ LOT 21 LOT AREA 1 AC SITE CLASS. PS DESIGN FLOW 330 GPD L.T.A.R. .360/FT²

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540

No Lines 6@90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

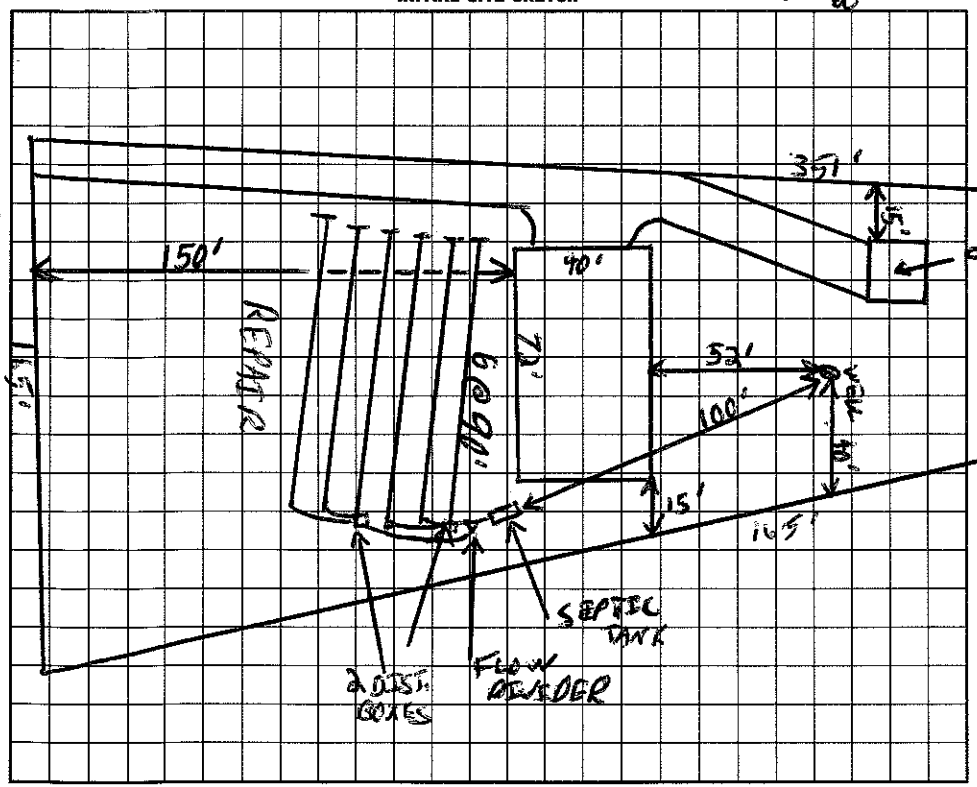
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH 1"=60'



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: _____

Improvement Permit by: _____ EHS date 1/21/97

Existing System Inspection by: _____ EHS date 1/21/97

Installed by: _____

Certificate of Completion 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