4656-15-9817

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. 2976 DATE 9/29/94 TAX MAP NO. 1K4-A-11 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Betty Tate PHONE: Business _____ Home 483-4863

ADDRESS 4930 Lynnwood Ln. Sherrills Ford, NC

LOCATION 21-S TL in Deerwood Dr. to top of hill on (R) before tennis court.

SUBDIVISION DEERWOOD SUB. BLOCK / SECTION _____ LOT 11 LOT AREA .73 AC SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10/27/94
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 460
No. Lines 6 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONV - DIST BOX
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____

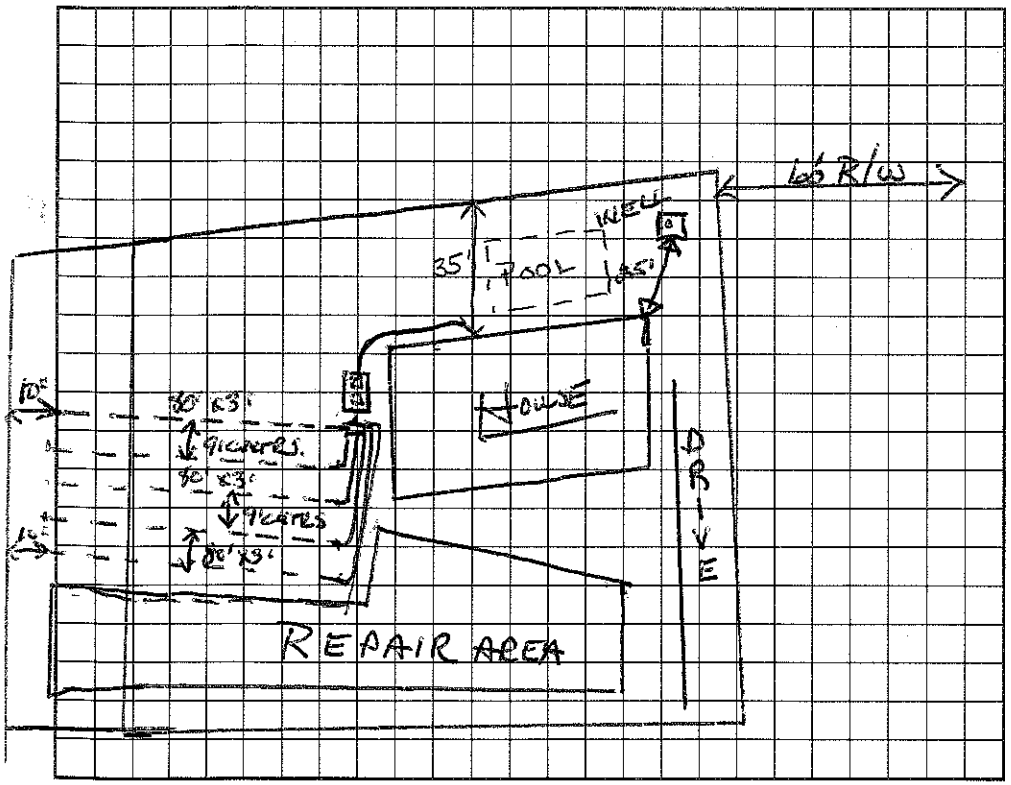
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Community
☐ Public

Comments:

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: Betty Tate

Improvement Permit by: Wesley Sparks RS. date 9/29/94

Existing System Inspection by: _____ date _____

Installed by: Julian Bowles

Certificate of Completion by: Wesley Sparks RS. date 1/13/95

Operation Permit by: _____ date _____

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