IREDELL COUNTY HEALTH DEPARTMENT

4656686519

STATESVILLE 704-878-5305

Bldg Permit # #55873

MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 2871 DATE Aug. 22, '94 TAX MAP NO. 1J33A1B Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR ~~Hadden Jekins~~ Ron Buchler PHONE: Business _____ Home 332-6275

ADDRESS 308 S. Laurel Ave Charlotte, 28207

LOCATION S. Brady St. Tk Lawrence Tk Norman TR Club-Rd. 1st lot on left

SUBDIVISION Wilton Forest BLOCK / SECTION _____ LOT 18 LOT AREA ≈ 20,000 ft² SITE CLASS. PS pa. 1956 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet _____ Linear Feet 270

No Lines 3+4 Trench Width 24" Max Trench Bottom Depth 28" Gravel Depth NA

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

System Description: gravity PPBPS

Repair System Description: LP PPBPS/LPP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

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

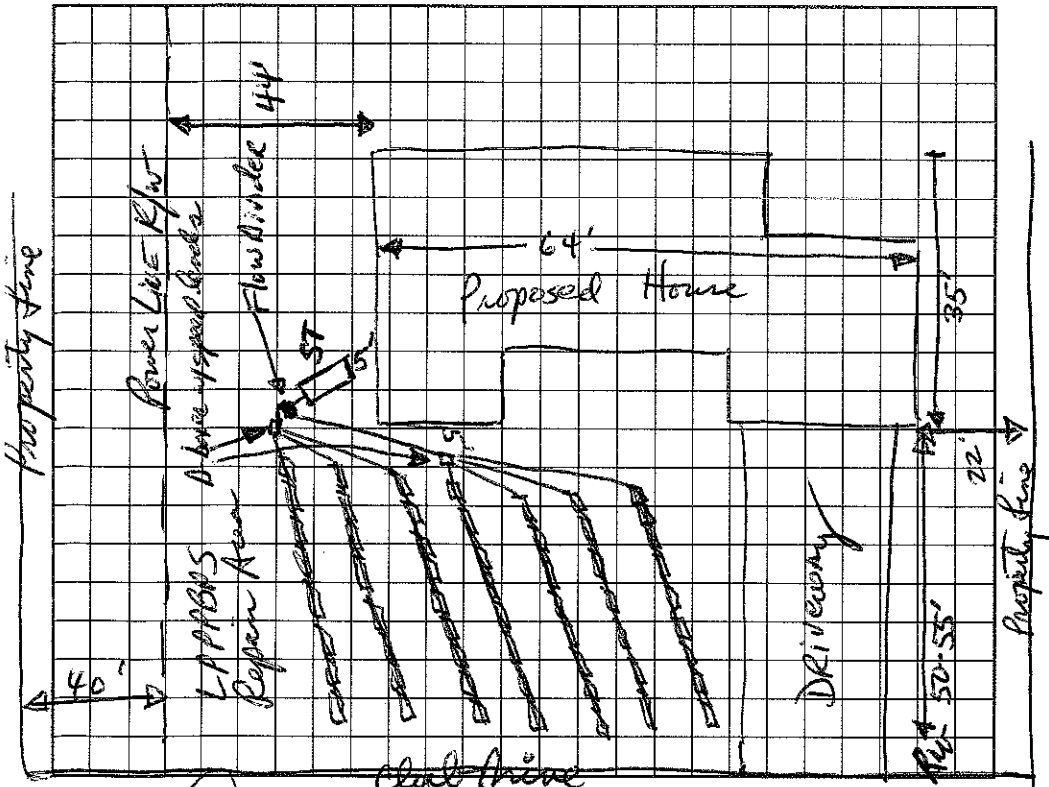
Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: Gravity plumbing above ex. grade age Backfill nearly to house in order to avoid pumping follow contour w/ laterals. 135' off each subfield

Comments: Lot Recorded prior to 1983

Installed as shown on Imp. Permit

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: _____

Improvement Permit by: _____ date 8/22/94

Existing System Inspection by: _____ date _____

Installed by: Larry Tucker

Certificate of Completion by: Wesley Sparks RS date 3/4/96

Operation Permit by: Wesley Sparks RS date 3/4/96

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