4657 38 4931

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. 4060 - MOORESVILLE DATE 9/3/96 TAX MAP NO. 12 -5.41 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR TERRY WAGGONER PHONE: Business _____ Home 664-6989

ADDRESS 109 SUMMERCHASE MOORESVILLE NC 28115

LOCATION 21 N - TR SUMMERCHASE - FIRST LOT ON LEFT.

SUBDIVISION SUMMERCHASE BLOCK / SECTION _____ LOT 1 LOT AREA .91 AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 10/3/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 500

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 ~~CHAMBER~~ CHAMBERED

Repair System Description: ☑ PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

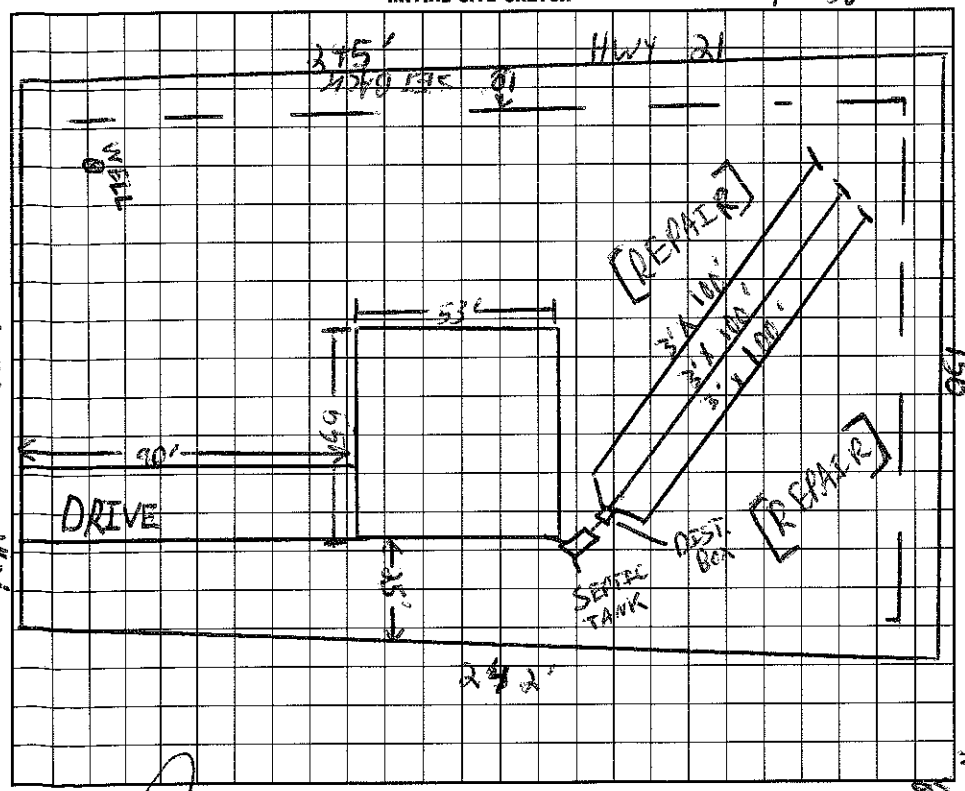
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH 1"=50'



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.

Signed: _____

Improvement Permit by: _____ EHS date 9/3/96

AUTH. TO CONSTRUCT

~~Existing System Inspection by:~~ _____ EHS date 9/3/96

Installed by: F J Erwin

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 12/5/96

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