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. 17464 DATE 12/29/94 TAX MAP NO. 4E-A-4F Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Wm. D. Eustis PHONE: Business 664-6989 Home 4659477484

ADDRESS 5649 Ravenel Lane Springfield, Va 22151

LOCATION Westwoodland Rd, (R) on gravel (L) first drive

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~7.73 SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 194 Date 5-4-

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Conventional - Not Bed

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

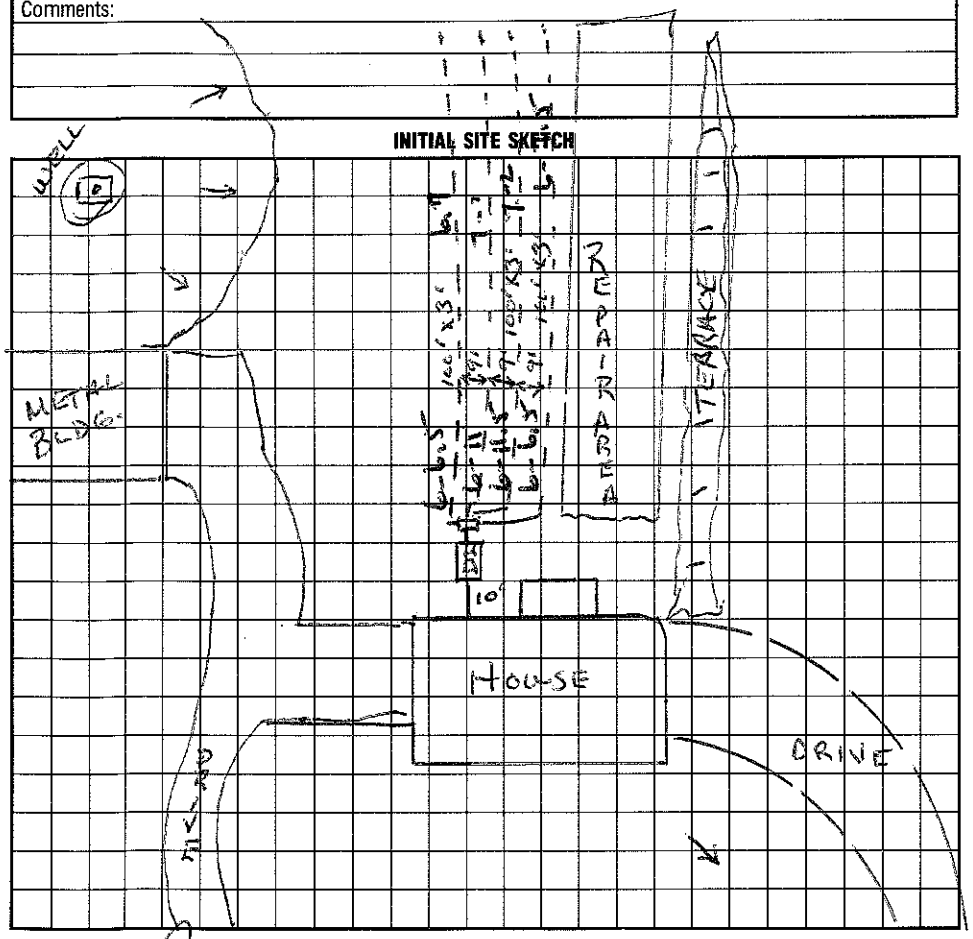
☐ Other _____

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

Water Supply:
☑ Individual
☐ Community
☐ Public
Proposed

Comments:

INITIAL SITE SKETCH



Comments:

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: Wesley Sparks RS date 12/29/94

Existing System Inspection by: _____ date _____

Installed by: Randy Sipe

Certificate of Completion by: Wesley Sparks RS date 6/29/95

Operation Permit by: _____ date _____

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