4664-39-4317

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. 21738 DATE 8/6/95 TAX MAP NO. 105 A 11 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Leslie Turner PHONE: Business _____ Home 892-5518

ADDRESS 19700 Hwy 73 W Davidson, NC. 28036

LOCATION Shearers Rd. TR Presbyterian Rd. to 11th lot on (R)

SUBDIVISION Gold Trace BLOCK / SECTION _____ LOT 11 LOT AREA 1.03 Ac SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/15/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet * 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 6" SAND

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

System Description: Gravity - PPBS Stone

Repair System Description: _____

Maintenance Agreement Required: ☒ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

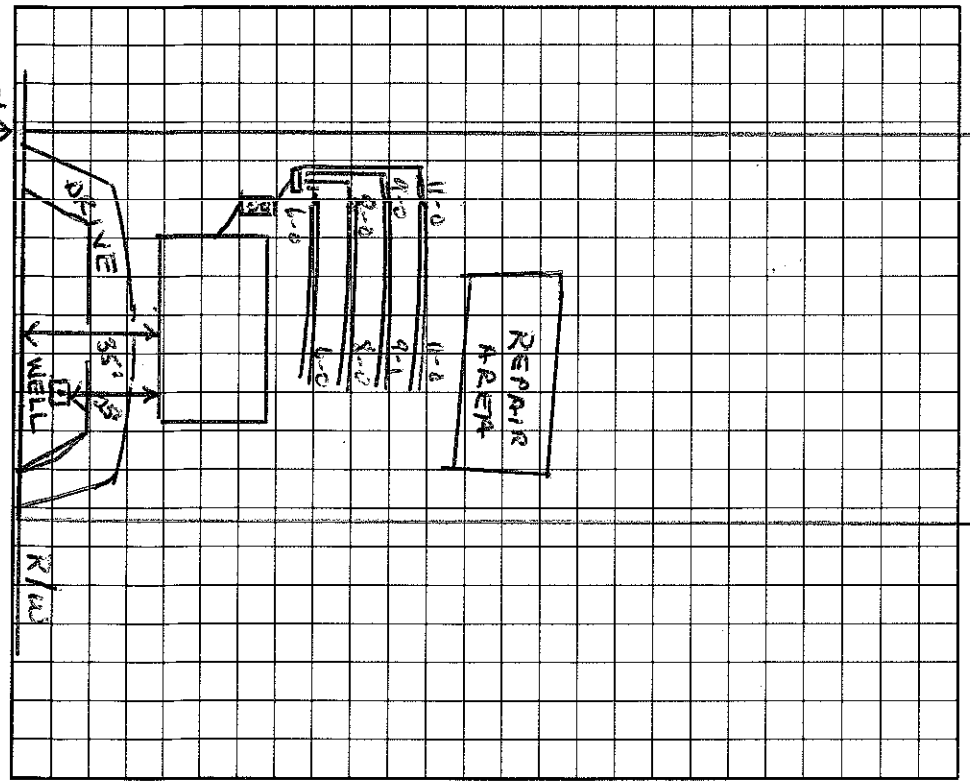
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: * Prefab: Permeable Pond Blocks

Comments:

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.

Signed: Leslie M. Turner

Improvement Permit by: Wesley Sparks RS. date 8/6/95

Existing System Inspection by: Contractor: Wesley Sparks date 10/26/95

Installed by: F J Enos

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks RS. date 10/26/95

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