4664-39-5307

# 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. 19075 DATE 6/23/94 TAX MAP NO. IC 5 A 12 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Donna D. White PHONE: Business _____ Home 875-3581

ADDRESS PO Box 1556 Davidson, NC. 28036

LOCATION Presbyterian Rd & Shearin Rd. TR Presbyterian Rd to 2ND MH on (R)

SUBDIVISION Bethel Trace BLOCK / SECTION _____ LOT 12 LOT AREA 1.03AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 1012 Date 5/20/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~X~~ 210

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth ~~X~~ to SAND

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

System Description: GRAVITY - PP35

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☐ Community ☐ Public

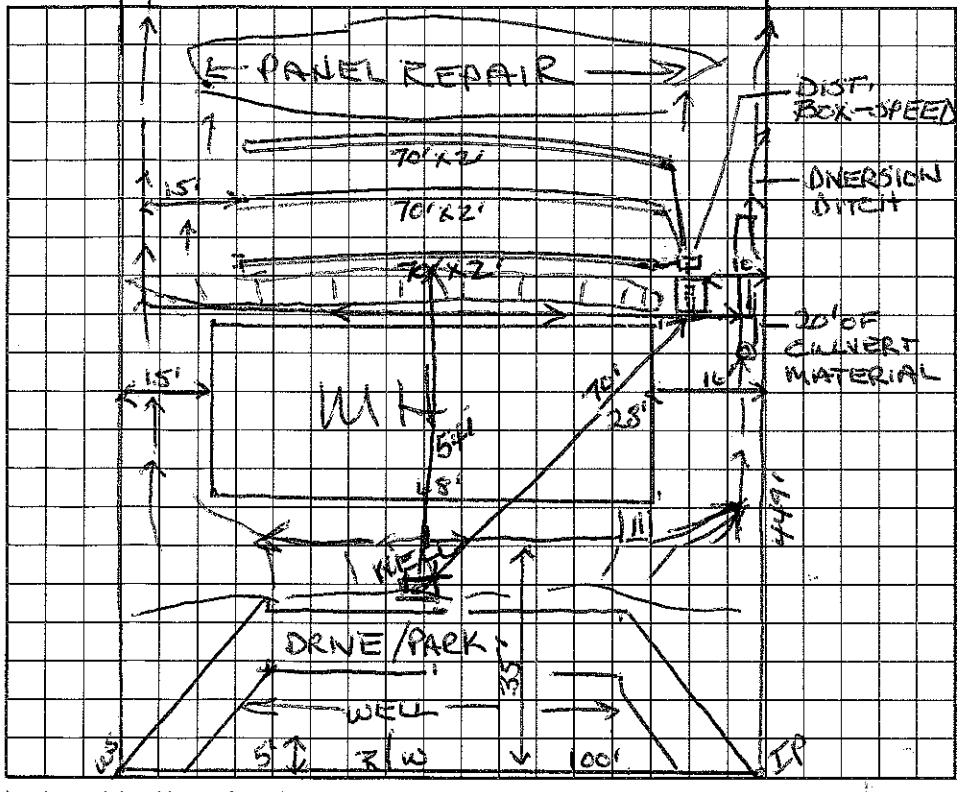
Comments: ~~X~~ 16" Prefabricated Permeable Panel Block 36" trench depth. DO NOT GRADE OR BURY DRAINFIELD - REPAIR AREA SHOWN HERE

Comments:

~~X~~ CALL I.C.H.D. FOR CONSULTATION BEFORE INSTALLATION IS STARTED.

~~X~~ NEED INSTALLER PRESENT AT CONSULT.

INITIAL SITE SKETCH




AS BUILT SKETCH

~~X~~ THIS IS THE ONLY WAY THIS LOT CAN BE DEVELOPED.

NO VARIANCE ALLOWABLE.

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. PRESBY. R.D.

Signed: Patrick Bell

Improvement Permit by: Wesley Sparks R.S. date 6/23/94

Existing System Inspection by: _____ date _____

Installed by: Kenny Pearson

Certificate of Completion by: Wesley Sparks R.S. date 7/19/94

Operation Permit by: _____ date _____

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