IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 49269

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

PROPERTY DESCRIPTION NO. 16654 DATE 11-3-93 TAX MAP NO. 3N-3-A-13 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Terry Sherrill PHONE: Business _____ Home 872-1806

ADDRESS Rt. 3 Box 460 Statesville, N.C. 28677

LOCATION I40W TL old Mtn. Rd. TR Celeste-Eufola Rd. TL Eufola Rd. TR Carriage Rd. TR Lake Top Lane Lot at end of cul-de-sac.

SUBDIVISION Top of the Lake BLOCK / SECTION _____ LOT 13 LOT AREA ≈ .56 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1500 Gallons; STB 1011 Date 10-9-93

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 2 Square Feet 400 Panels Linear Feet 200'

No Lines 5 Trench Width 24" Max Trench Bottom Depth 30" Gravel/Sand Depth 24"

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

System Description: PPBPS, gravity

Repair System Description: PPBPS, gravity

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 3 No. Employees —

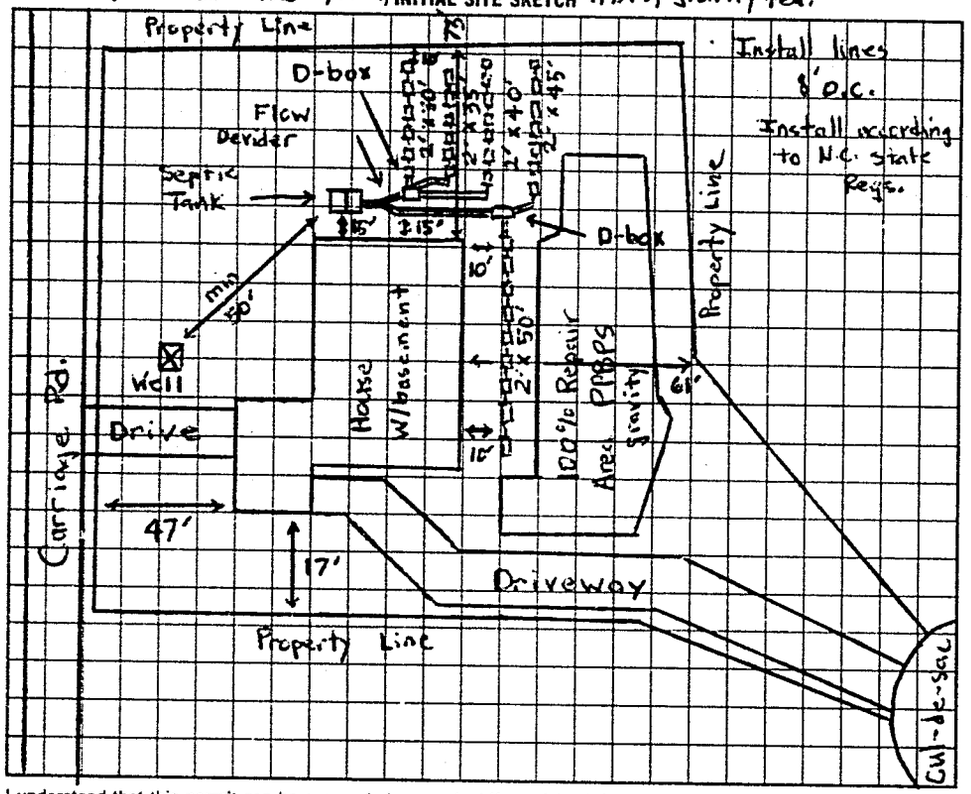
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

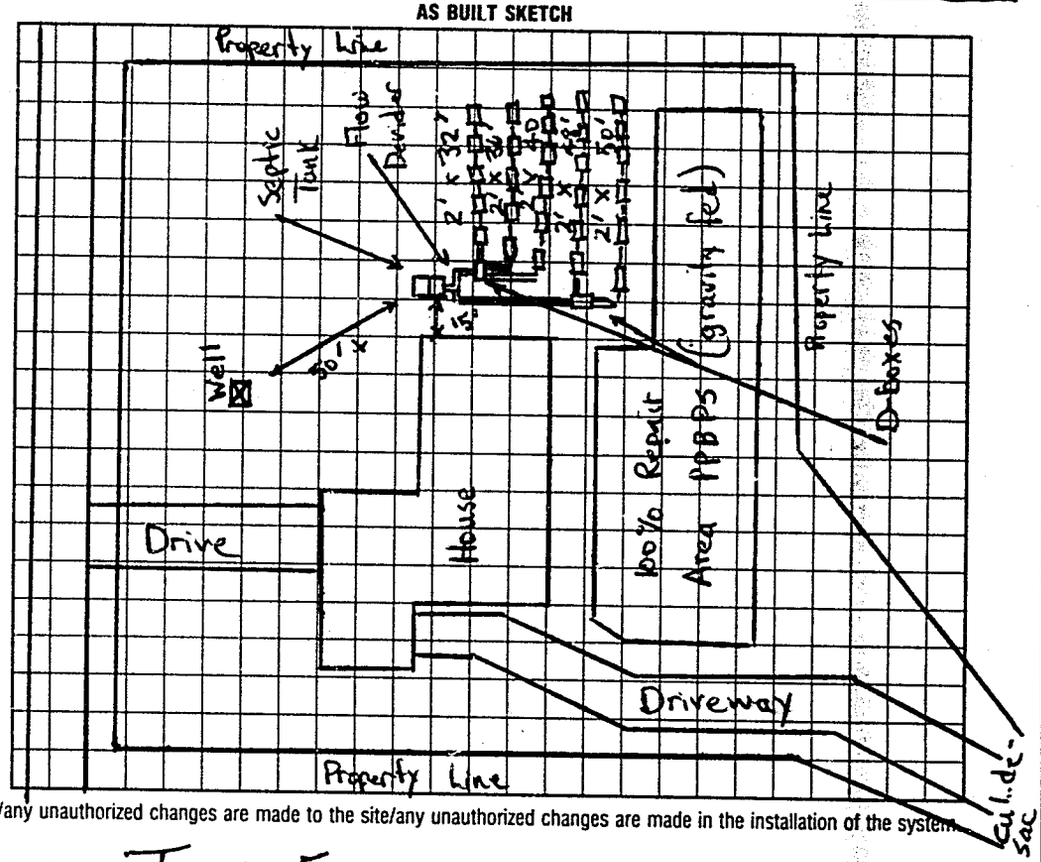
Comments: INSTALL PPBPS, gravity. Install flow devider between tank and drain fields. Install 46 panels total. Keep lines on contour. Keep system 15' from foundation on sideslope of basement drain, 10' downslope from basement drain, 10' from all property lines, and 50' from any well. 100% Repair Area below system, PPBPS, gravity fed.

Comments: System install a little deeper due to surface drain being cut in area where lines were to be installed. 100% Repair Area below home and system, PPBPS gravity fed. Cover so that surface water goes around septic system.

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: Michael J. Dennis date 11-3-93

Existing System Inspection by: _____ date _____

Installed by: Tommy Frye

Certificate of Completion by: Michael J. Dennis date 4-18-94

Operation Permit by: _____ date _____

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