# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-3281

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

PROPERTY DESCRIPTION NO. 17055 DATE 11-1-94 TAX MAP NO. 3N-4-A-32 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR High Shoals Dev., Inc. (Ralph Woody) PHONE: Business 4701-95-8920 Home 873-0521

ADDRESS 1805 Safriet Rd., Statesville, N.C. 28677

LOCATION I-40W TL Old Mtn. Rd. TR Buffalo Shoals Rd. TR Gray Rock Dr. Lot near end on L.

SUBDIVISION Gray Rock Shoals BLOCK / SECTION ____ LOT 32 LOT AREA 2.57 acre. SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .15 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 12-16-94

Pump Tank: 1000 Gallons; PT 99 Date 11-2-94

Pump Make: Gould's Model WE05 HH Serial No. A953L065

Nitrification Field: No Fields 1 Square Feet 2400 Linear Feet 480

No Lines 6 Trench Width 12" Max Trench Bottom Depth 18" Gravel Depth 10"

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

System Description: LPP

Repair System Description: LPP

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

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

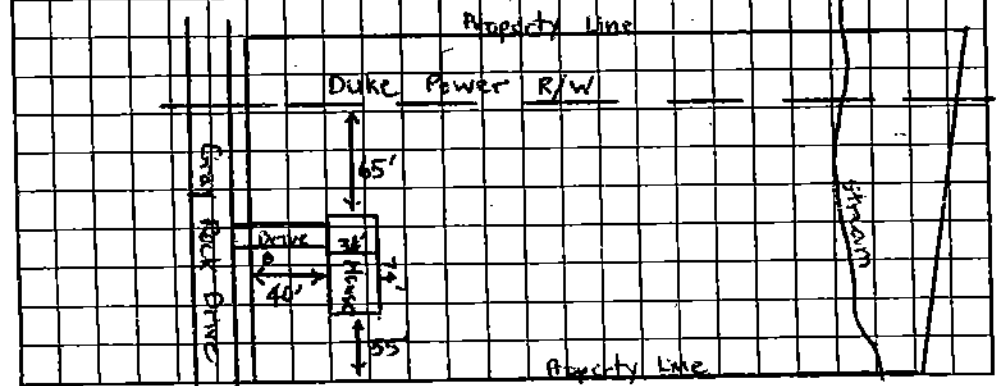
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Install Well min. 50' from any part of any septic system, and repair Area. Maintenance agreement required before operation permit can be issued for final. Follow all N.C. State laws and Rules for Sewage Treatment and Disposal systems.

Comments:

INITIAL SITE SKETCH

* See Approved Plans by Tony Jacobs which will become part of this Permit.




AS BUILT SKETCH

3/17/95 Lines inspected by RPS (Length, Depth, Grade, Stone Depth)

Inspected septic tank, pump tank, and pressure head of laterals

From top of sep. Line #1 3'4" RPS

3-20-95 Line #3 3'1" RPS

Line #5 3'.06"

8-26-96 Floats, Alarm box, NEMA 4X Box, and Maintenance agreement.

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: [signature]

Improvement Permit by: Michael J. Dennis date 11-4-94

Existing System Inspection by: ____ date ____

Installed by: David Yountz

Certificate of Completion by: ____ date 8-26-96

Operation Permit by: R. C. Moore date 8-26-96

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