pd 125 11-19-97

# 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. 6924 DATE 9-20-97 TAX MAP NO. 4902943542

OWNER OR CONTRACTOR Sunwood Builders PHONE: Business 872 0921 Home

Watershed: ☐ Yes ☐ No WS-IV PA

ADDRESS PO Box 5877 Sta.

LOCATION 70 W TL Enfield Rd TR Saunders TR Span 2nd lot Rt.

SUBDIVISION Key Acres BLOCK / SECTION 3 LOT 23 LOT AREA 1.53 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 7-24-97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity/Chambers or HDS

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

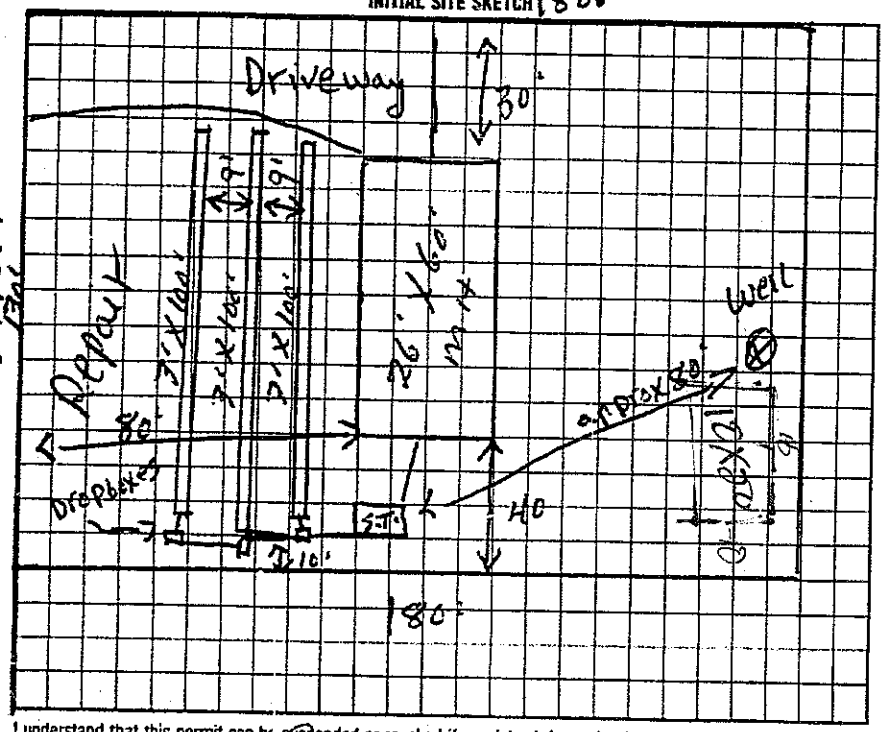
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH 180'




AS BUILT SKETCH

Location of the proposed 10×20 outbuilding addition does not appear to impact the existing on-site septic system.**NOTE: Maintain 25' from well

REHS

Date: 5-13-11

ICHD-Environmental Health Division

Installed as shown

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: Tommy Wheeler

Improvement Permit by: P.C. Moore date 9-20-97

Authorization for Existing System Inspection P.C. Moore date 9-20-97

to Cont.

Installed by: Tommy Fite

Certificate of Completion by: ____ date ____

Operation Permit by: [signature] date 3-23-98

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

Authorization to Cont. Expires 60 mos From issue

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