63319

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. 24984 DATE 9-19-96 TAX MAP NO. 4C-B-8A PT. Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Sunwest Builders PHONE: Business 872-0722 Home

ADDRESS PO Box 3821 Sta.

LOCATION NOW TL off mtn TR Celeste Enfold TR 1/4 mi left

SUBDIVISION Key Acres BLOCK / SECTION LOT 4 LOT AREA 1.16 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 7-15-96

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: CONV. Gravity

Repair System Description: 11 11

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

Water Supply: ☑ Individual ☐ Community ☐ Public

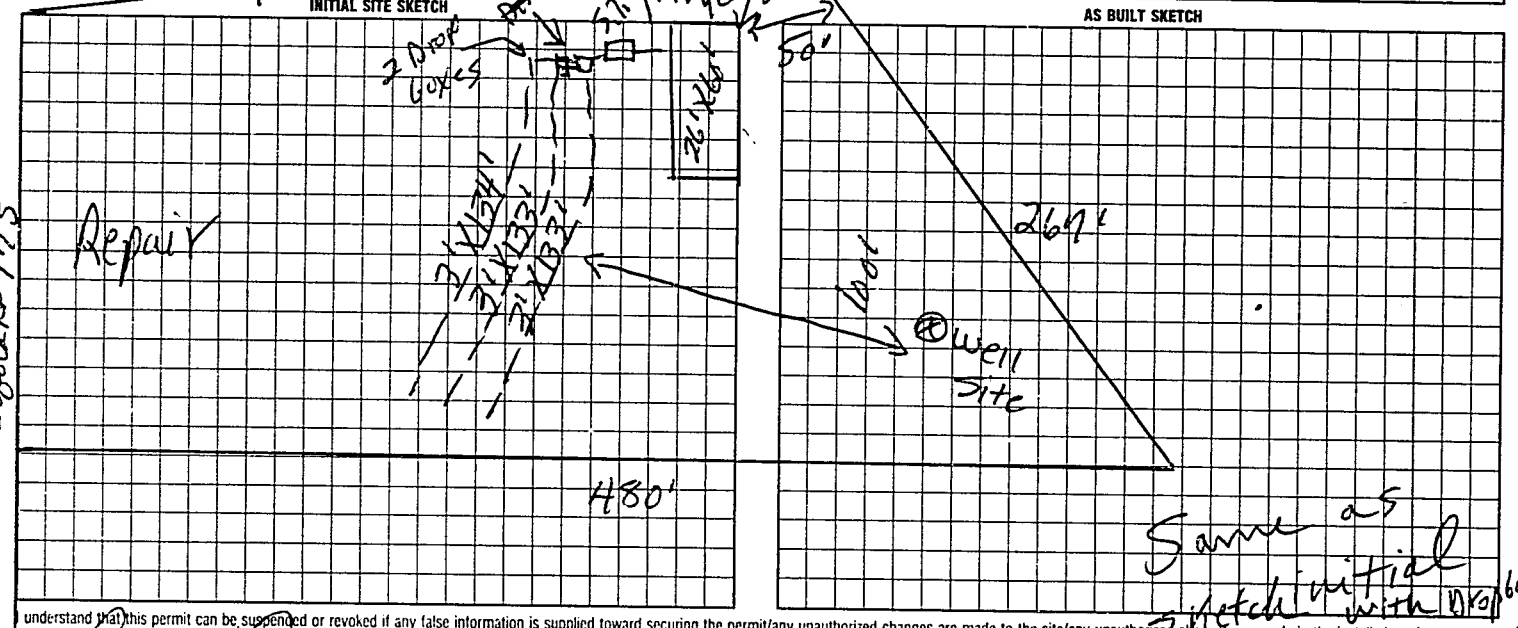
Comments:

R/W 320'

INITIAL SITE SKETCH

Comments:

AS BUILT SKETCH



Same as initial sketch with drop boxes installed

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:

Improvement Permit by: L C. Moore date 9-19-96

Existing System Inspection by: L C. Moore date 9-19-96

Installed by: Tommy Cothren

Certificate of Completion by: date

Operation Permit by L C. Moore date 10-18-96

Authorization to cover

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

Authorization to cover EXPIRES 60 mos from issue

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