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. 20254 79240 DATE 2/6/95 TAX MAP NO. 9F-2-B-6 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR HARRY & EDITH SHERRILL PHONE: Business Home (704) 437-7973

ADDRESS 118 POLLY STREET MORGANTON, NC 28655

LOCATION NC 90 W, TR SCOTTS CREEK ROAD, TL EMMA LANE 2ND LOT ON LEFT

SUBDIVISION STERLING OAKS BLOCK / SECTION ____ LOT 6 LOT AREA 4.21 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4-25-99

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

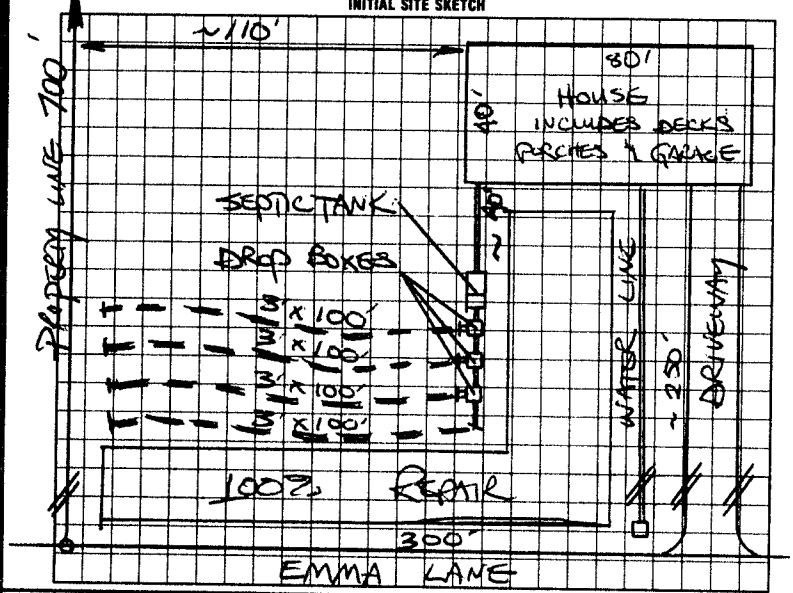
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① KEEP SYSTEM MINIMUM 10' FROM BASEMENT DOWN, 10' FROM PROPERTY LINE, 10' FROM WATER LINE ② INSTALL LINES AS SHOWN ON CONTOUR, NO DEEPER THAN 30" 9' APART MINIMUM ON CENTER

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial 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: Edith M. Sherrill

Improvement Permit by: STEVE HENDRICK date 2/6/95

AUTHORIZATION TO CONSTRUCT Existing System Inspection by: STEVE HENDRICK date 2/1/99

Installed by: David Young

Certificate of Completion by: ____ date ____

Operation Permit by: J. C. Moore date 6-11-99

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