IREDELL COUNTY HEALTH DEPARTMENT

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

45826

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

PROPERTY DESCRIPTION NO. 16997 DATE 9-13-93 TAX MAP NO. 3Q-6-A-2

OWNER OR CONTRACTOR Sun-Wood Bldrs. PHONE: Business 872-0921 Home

ADDRESS P.O. Box 5877 Statesville, N.C. 28687

LOCATION I40W TL OH Mtn. Rd. TR Buffalo Shoals Rd. TR Eufola Rd. TR Big Tree Rd. Tot on R (2nd on R)

SUBDIVISION Woodland Acres BLOCK / SECTION LOT 2 LOT AREA 125'x 196' SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well To Be Located

Septic Tank: 1000 Gallons; STB 1012 Date 8-15-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3 Trench Width 36" Trench Depth 18"-30" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: pump to conventional

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

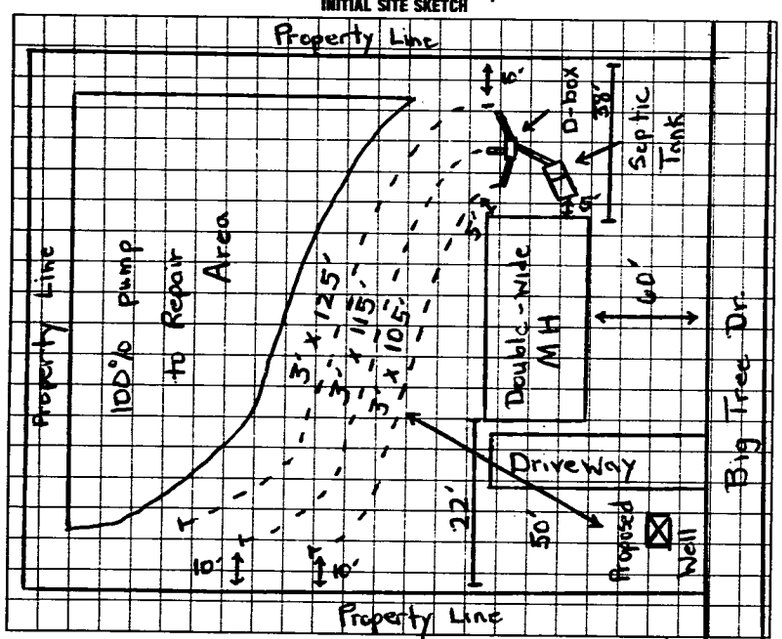
Auto. Washing Machine: ☑ Yes ☐ No

Other

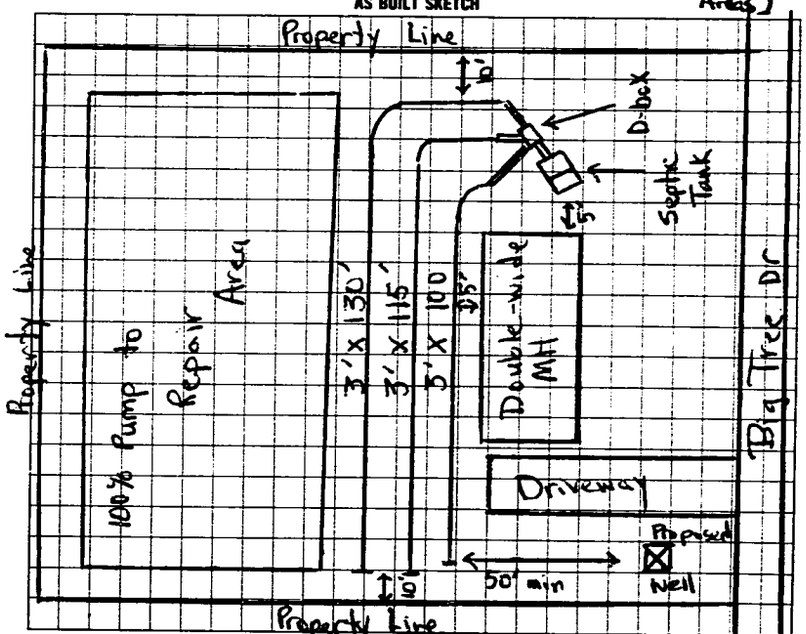
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom.) Keep Nitrification lines on contour. Keep system min. 5' from foundation of home, 10' from all property lines, and 50' from any well. 100% pump to repair above initial system, conventional. *If soil cut down after permitted. system installed in some Septic Areas)

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: Terry W. Stubbs

Improvement Permit by: Michael J. Dennis date 9-13-93

Existing System Inspection by: date

Installed by: Tommy Cothren

Certificate of Completion by: Michael J. Dennis date 9-29-93

Operation Permit by: date

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