48227

# 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. 16601 DATE 7-8-93 TAX MAP NO. 3Q-6-A-13

OWNER OR CONTRACTOR Sun-wood Builders PHONE: Business _____ Home 872-0921

ADDRESS P.O Box 5877 Statesville, N.C. 28677

LOCATION I-40 W TL Old Mtn. Rd. TR Buffalo Shoals Rd. TR Eufola Rd. TR Big Tree Dr. Lot near end on L

SUBDIVISION Woodland Acres BLOCK / SECTION _____ LOT 13 LOT AREA .857 acres 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 10-12 Date 5-15-93

Pump Tank: — Gallons; PT — Date —

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

No Lines 4 Trench Width 36" Trench Depth 36" Gravel Depth 12"

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

System Description: Conventional, gravity

Repair System Description: 11 11

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☐ Yes ☑ No

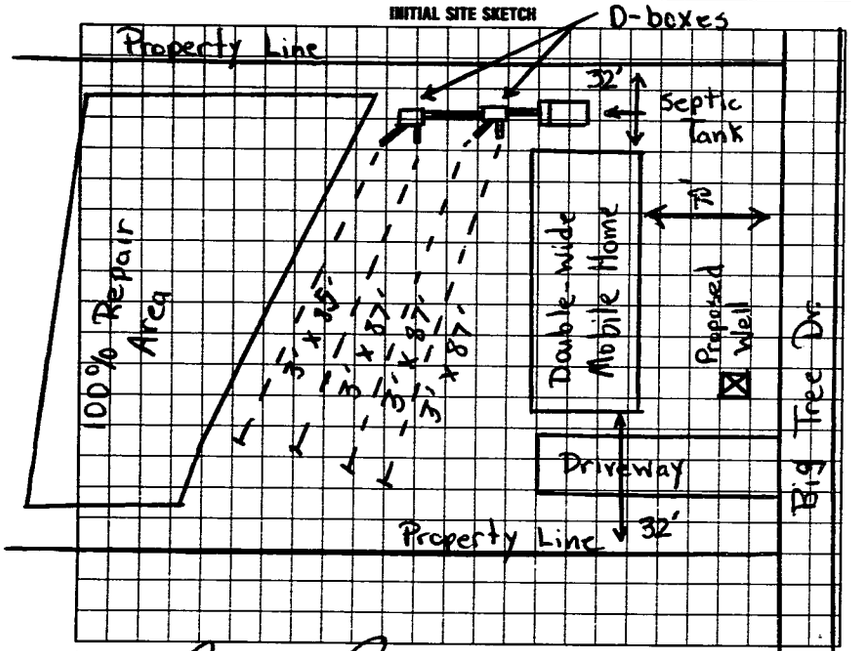
☐ Business No. Employees — Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

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

Comments Keep Nitrification Lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and 50' min from any well. 100% Repair Area below system, conventional, gravity fed.

**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: [signature]

Improvement Permit by: Michael J. Dennis date 7-8-93

Existing System Inspection by: _____ date _____

Installed by: Tommy Catheren

Certificate of Completion by: Michael J. Dennis date 9-12-93

Operation Permit by: _____ date _____

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