48680

IREDELL COUNTY HEALTH DEPARTMENT

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

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

TAX MAP NO. 3Q-6-A-12

PROPERTY DESCRIPTION NO. 16600 DATE 7-8-93 PHONE: Business Home 872-0921

OWNER OR CONTRACTOR Sun-Wood Builders

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

LOCATION I-40 W to Old Mtn. Rd. TR Buffalo Shoals Rd. TR Eufola Rd. TR Big Tree Dr. 1st near end on L.

SUBDIVISION Woodland Acres BLOCK / SECTION LOT 12 LOT AREA .920 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 1812 Date 7-2-93

Pump Tank: — Gallons: PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Trench Depth 24" Linear Feet 345

No Lines 4 Trench Width 36" Gravel Depth 12"

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

System Description: Conventional, gravity

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

Garbage Disposal: ☐ Yes ☑ No

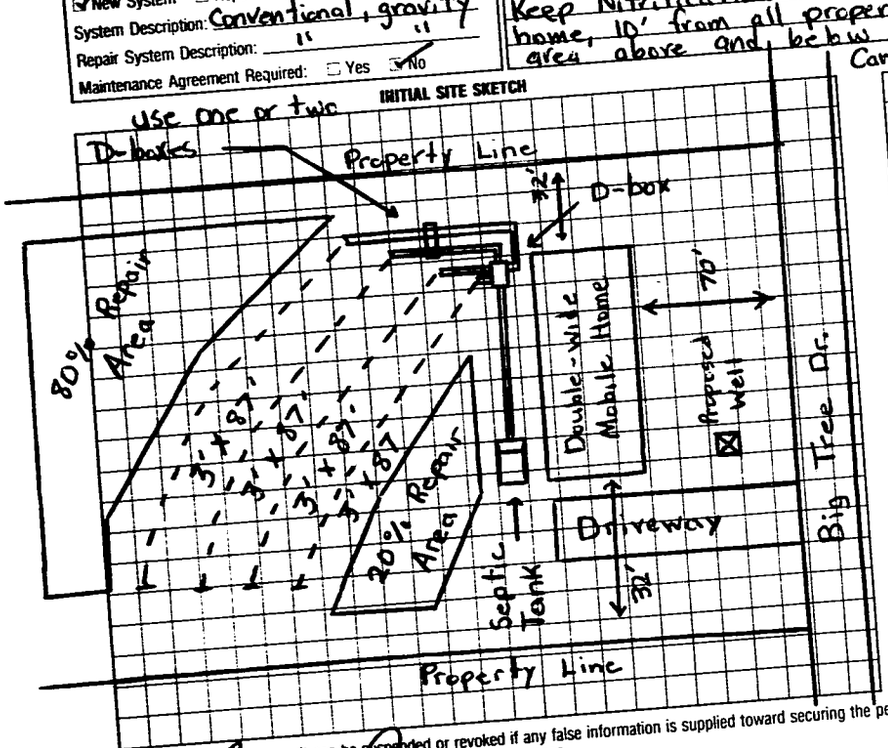
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

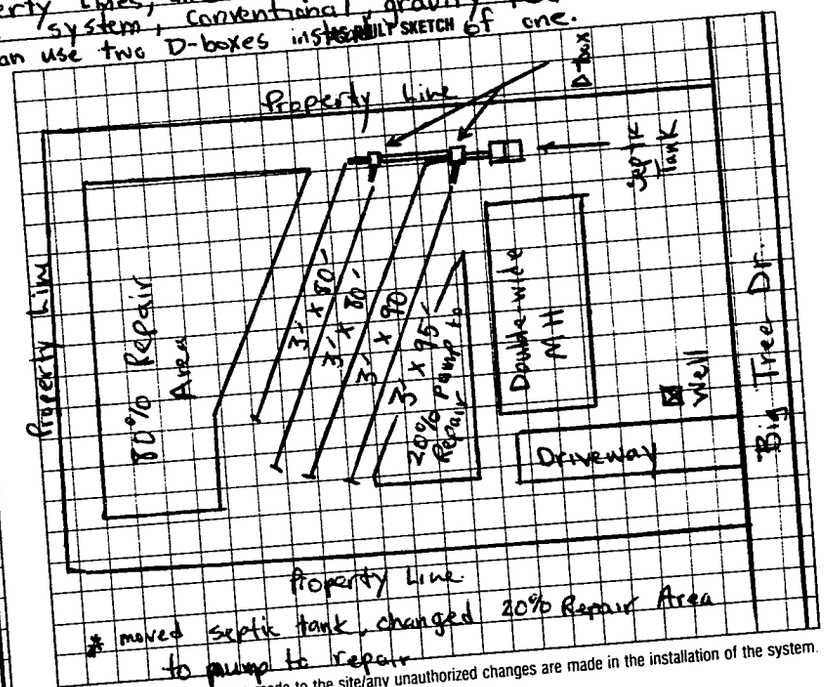
Other

Comments INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep Nitrification Lines on contour, Keep system 5' from foundation of home, 10' from all property lines, and min 50' from any well. 100% Repair area above and below system, conventional, gravity fed. Can use two D-boxes instead of one.

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. Clinkscales date 7-8-93

Improvement Permit by: Michael L. Dennis date

Existing System Inspection by: date

Installed by: Tommy Catherer

Certificate of Completion by: Michael L. Dennis date 9-14-93

Operation Permit by: date

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