Sunwood Builders

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. 16604 DATE 7-14-93 TAX MAP NO. 3Q-6-A-16

OWNER OR CONTRACTOR William Kimel PHONE: Business _____ Home 872-0921

ADDRESS Rt. 14 Box 916 Statesville, NC 28677

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

SUBDIVISION Woodland Acres BLOCK / SECTION _____ LOT 16 LOT AREA .720 acre SITE CLASS. P.S. L.T.A.R. .35 gpd/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well

Septic Tank: 1000 Gallons; STB 1012 Date 7-26-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230'

No Lines 2 Trench Width 36" Trench Depth 24" Gravel Depth 12"

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

System Description: conventional, gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

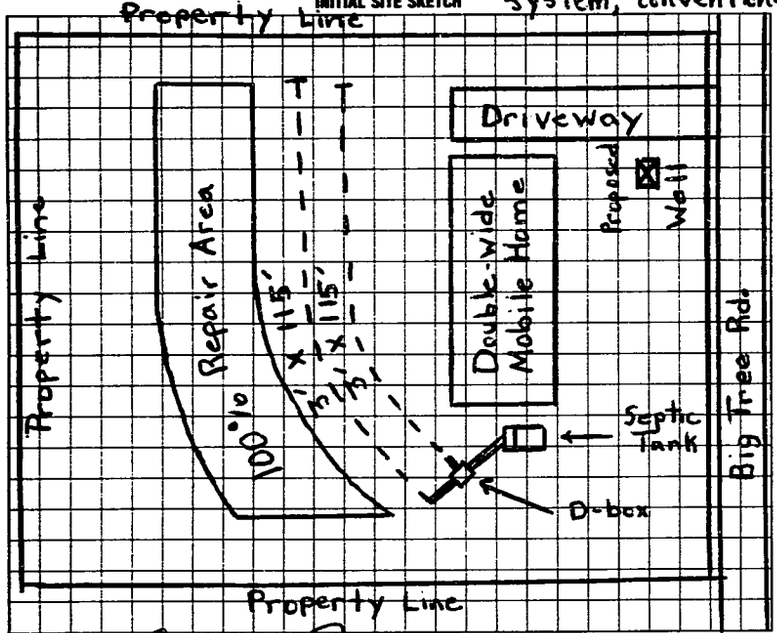
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

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

Comments INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom.) Keep Nitrification Lines on contour, keep system 5' from foundation of home, 10' from all property lines, and 50' from any well. Install according to N.C. State regulations. 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: X _____

Improvement Permit by: Michael J. Dennis date 7-14-93

Existing System Inspection by: _____ date _____

Installed by: Tommy Cotheren

Certificate of Completion by: Michael J. 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