48882

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. 16598 DATE 7-7-93 TAX MAP NO. 3@-6-A-10

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

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

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

SUBDIVISION Woodland Acres BLOCK / SECTION _____ LOT 10 LOT AREA .013 acres SITE CLASS. P.S. L.T.A.R. .3 gpd/ft²

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

Septic Tank: 1000 Gallons; STB 1012 Date 7-24-93

Pump Tank: — Gallons; PT — Date —

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

No Lines 3 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 No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

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

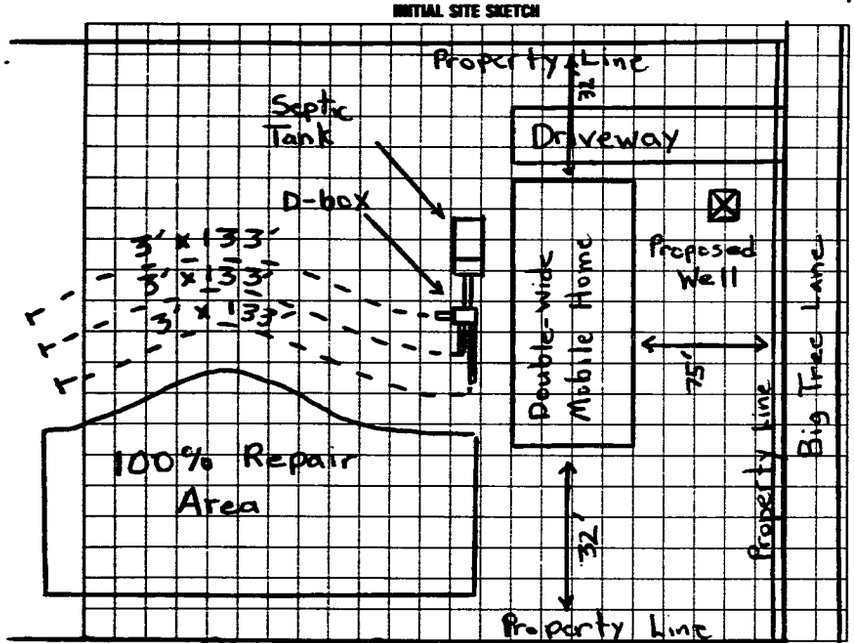
☐ Business No. Employees — Auto. Washing Machine: ☑ Yes ☐ No

☐ Other _____ Other _____

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

Comments 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' min. from any well. 100% Repair Area below system, conventional, gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL SKETCH

* recommend surface diversion ditch around septic system

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: _____

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

Existing System Inspection by: _____ date _____

Installed by: Tommy Cothren

Certificate of Completion by: Michael J. Dennis date 9-28-93

Operation Permit by: _____ date _____

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